277 Health Care Claim Status Response 4010X93A1 Implementation Format

HIPAA - EDI Health Care - Health Care Claim Status Response

Version: 1.1 Draft

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277 Health Care Claim Status Notification

Functional Group=HN

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.

Notes:

2/040 The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

MEDI-CAL NOTE:

Guide Updates:

20041214 update:

Added missing '*' in HL example on page 13.

20050316 update:

Changed reference to segment terminator of Hex "0D" on page 4. The correct segment terminator is "~".

Added comment 3 regarding component element separator on page 6.

Replaced value (Hex '1F') to > on pages 6, 38, 61, 64.

Replaced value ~ to > in ISA16 in "Medi-Cal NOTE" on page 8.

COMPANION GUIDE DISCLAIMER

The California State Department of Health Services (DHS) has provided this DRAFT Medicaid Companion Document for the 277 Health Care Claim Status Notification ASC X12N Transaction and associated addendum (004010X093A1) to assist providers, clearinghouses and all covered entities in processing HIPAA-compliant transactions. This document was prepared using the addendum version of the transaction. DHS has focused primarily on the rules and policies regulating the submission of Medi-Cal data that is provided within this Companion Guide.

The information provided herein is believed to be true and correct based on the addenda version of the HIPAA guidelines. These regulations are continuing to evolve, therefore DHS makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as DHS policy changes or as HIPAA legislation is updated or revised.

INTRODUCTION

276 Health Care Claim Status Request and 277 Health Care Claim Status Notification Transactions are used in tandem. The 276 Transaction requests the current status of a specified claim or claims, and the 277 Transaction responds to that specified request. When the 276 request does not uniquely identify the claim within the payer's system, the 277 response may include multiple claims that meet the identification parameters supplied by the requester. The hierarchy of the looping structure is information source (payer), information receiver (sender), service provider, subscriber (insured) and dependent.

PURPOSE OF COMPANION GUIDE

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The HIPAA ASC X12N Implementation Guides (IG) have been established as the standards of compliance for claim transactions. The following information is intended to serve only as a companion guide to the HIPAA ASC X12N implementation guides. The use of this guide is solely for the purpose of clarification. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

When necessary, a "Medi-Cal NOTE" is included to describe Medi-Cal specific requirements. These notes provide guidance to ensure proper processing of the transaction. It is important to understand that Medi-Cal has excluded situational loops and/or segments that are not relevant to the business requirements of Medi-Cal. The Provider is advised to refer to the IG, which lists all loops, segments and elements. The Companion Guide may omit some of the previously mentioned IG items unless they are defined as required in the IG, or the situation requires their use for Medi-Cal processing. Providers are encouraged to use the IG to understand the positioning of the data examples provided for every segment, since the Medi-Cal Companion Guide may not list all the elements.

PROCESSING OF 276 CLAIM STATUS REQUEST

Upon receipt of a 276 claim status request:

- a) If ISA segment is unreadable or does not comply with the IG, Medi-Cal will respond with an appropriate TA1 transaction. The 276 request will not be processed. Submitters should allow at least one hour for TA1 response to a 276
- b) If ISA segment is readable and complies with the IG, Medi-Cal will not respond with a TA1 transaction. Medi-Cal will

process the 276 and respond with 277 Claims status response. Medi-Cal adjudicates claims on a weekly basis.

276 Claim Status Requests will be processed Monday through Friday and the 277 Claim Status Responses will be available on the Medi-Cal Web site the following day, if the request is received before the 6 p.m. cutoff.

276 Claim Status Requests received after 6 p.m. on Friday night will be processed the following Monday night.

277 Claim Status Responses will be available for 14 days.

CLAIM STATUS DATABASE:

The 277 Claim Status Response will return information for claims adjudicated within the past 12 weeks. Claim information is also available for claims that are suspended or in process.

MATCHING CRITERIA

Medi-Cal will use one of the following search criteria in locating the claim(s) for which the 276 Health Care Claim Status Inquiry is being submitted:

Search Criteria 1

- a) Provider Identifier (Loop 2100C, NM109)
- b) Subscriber Identifier (Loop 2100D, NM109)
- c) Payer Claim Control Number (Loop 2200D, REF02)

Medi-Cal requests Payer Claim Control Number(s) to be submitted if available, as this provides the most positive identification of the claim(s) being queried.

Search Criteria 2

In the absence of the Payer Claim Control Number, Medi-Cal needs these data elements in order to identify the claim(s) being queried.

- a) Provider Identifier (Loop 2100C, NM109)
- b) Subscriber Identifier (Loop 2100D, NM109)
- c) Service Line Date (Loop 2210D, DTP03)
- d) Service Identification Code (Loop 2210D, SVC01-2)

Search Criteria 3

In the absence of 2210D - Service Line Information, Medi-Cal needs these data elements in order to identify the claim(s) being queried.

- a) Provider Identifier (Loop 2100C, NM109)
- b) Subscriber Identifier (Loop 2100D, NM109)
- c) Claim Service Period (Loop 2200D, DTP03)
- d) Total Claim Charge Amount (Loop 2200D, AMT02)

No other data elements submitted on the 276 Claim Status request are used in the selection of claims to be returned on the 277 Claim Status Response.

SPECIAL NOTES

Medi-Cal processes and pays claims at the line level for drug (pharmacy or medical supply), Long Term Care (LTC), outpatient, medical, vision care claims, so the total claim charge is the billed amount for the CLAIM LINE. For inpatient, crossovers and compound drug claims, the total claim charge is the billed amount for the entire claim, since these claim types are paid at a claim level.

In situations where the processing of a 276 request results in multiple claims for Inpatient and Crossover claims, Medi-Cal returns a 277 Response that loops on the claim Submitter Trace Number (2200D). There will be one 2200D loop for each claim that meets the selection criteria.

In situations where the processing of a 276 request results in multiple claims for drug (compound and non-compound pharmacy, or medical supply), LTC, outpatient, medical, and vision claims, Medi-Cal returns a 277 Response that loops on the Claim Submitter Trace Number (2200D) and Service Line Information (2220D). There will be one 2200D and 2220D loop for each claim that meets the selection criteria.

Claim status responses are limited to 99 per Claim status inquiry at the claim or service level.

Important note regarding data element separators: Between the first data element and the second data element (between 'ISA' and 'ISA01') a data element separator is needed. This is a character that is never used in any of the data fields. For Medi-Cal, an asterisk (*) is used. This first data element separator defines the data element separators used through the entire interchange response. A data element separator will always be needed after each data element used or in place of each data element not used. Exception: no separators are used in place of trailing data elements. Trailing data elements

are those that are NOT used and that come between the last data element used and the end of a segment. Also, the last data element used is followed only by a segment terminator (no data element separator).

Important note regarding segment terminators: After the first segment (the ISA segment), a segment terminator is needed. This is a character that is never used in any of the data fields, and it is different from the data element separator and the component separator (refer to ISA16). Medi-Cal uses ~. This first segment terminator defines the segment terminators used through the entire interchange response. Segment terminators appear at the end of each segment used. No segment terminator is needed between or in place of segments that are NOT used.

		D ('	
\mathbf{R}	IAt.	Defin	AA:
	w	DEIII	TT.

MOL Del	iiieu.						
<u>Pos</u>	<u>ld</u>	Segment Name	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	TA1	Interchange Acknowledgement	0	>1			Used
	GS	Functional Group Header	M	1			Required
Heading	a:						
Pos	<u>ld</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
010	ST	Transaction Set Header	M	1	Kepeat	110103	Required
020	BHT	Beginning of Hierarchical	M	1			Required
020	ын	Transaction	IVI	Į.			Required
Detail:		Halisaction					
			_		_		
<u>Pos</u>	<u>ld</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
LOOP ID					<u>>1</u>		
010	HL	Information Source Level	M	1			Required
LOOP ID	<u>- 2100A</u>				<u>>1</u>		
050	NM1	Payer Name	M	1			Required
LOOP ID	- 2000B				>1		
010	HL	Information Receiver Level	М	1			Required
LOOP ID		Illioillation Neceiver Level	IVI	I	<u>>1</u>		rtequired
050	NM1	Information Receiver Name	М	1	<u>21</u>		Required
		Information Receiver Name	IVI				Required
LOOP ID	- 2000C				<u>>1</u>		
010	HL	Service Provider Level	М	1			Required
LOOP ID	- 2100C				<u>>1</u>		
050	NM1	Provider Name	M	1			Required
LOOP ID	- 2000D				<u>>1</u>		
010	HL	Subscriber Level	М	1	21		Poguirod
040	DMG		O	1		N2/040	Required Used
040	DIVIG	Subscriber Demographic Information	U	ı		N2/040	Usea
LOOP ID	- 2100D	Illomation			1		
050	NM1	Subscriber Name	М	1			Required
	•	Subscriber Name	IVI	<u> </u>			Required
LOOP ID	- 2200D				<u>>1</u>		
090	TRN	Claim Submitter Trace Number	0	1			Used
100	STC	Claim Level Status Information	M	1			Required
110	REF	Payer Claim Identification	0	1			Used
		Number					
110	REF	Institutional Bill Type	0	1			Situational
		Identification	_	_			
110	REF	Medical Record Identification	0	1			Situational
120	DTP	Claim Service Date	0	1			Used
LOOP ID					<u>>1</u>		
180	SVC	Service Line Information	0	1			Situational
190	STC	Service Line Status Information	0	1			Situational
200	REF	Service Line Item Identification	С	1			Situational
210	DTP	Service Line Date	C	1			Situational
270	SE	Transaction Set Trailer	М	1			Required
Not Def	ined:						
<u>Pos</u>	<u>ld</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	М	1			Required
	IEA	Interchange Control Trailer	М	1			Required
		-					

ISA Interchange Control Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 16

User Option (Usage): Required

The ISA is a fixed record length segment and all positions within each of the data elements must be filled.

Comments:

- 1. The first element separator ('*' for MEDI-CAL) defines the element separator to be used through the entire interchange request.
- 2. The segment terminator ('~' for MEDI-CAL) used after the ISA defines the segment terminator to be used throughout the entire interchange request.
- 3. The component element separator (> for MEDI-CAL) defines the component element separator to be used through the entire interchange request.

Example:

ISA*00*......*01*.....*ZZ*PROV12345*ZZ*610442...*040220*0215*U*00401*000000001*0*P*(Hex '1F')~

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>	Rep
ISA01	10 1	Authorization Information Qualifier Description: Code to identify the type of information found in the Authorization Information data element. Code Name	M	ĪD	2/2	Required	1
ISA02	102	ON Authorization Information Present (I Authorization Information Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange. The Authorization Information Qualifier (I01) sets this type of information. MEDI-CAL NOTE: Spaces.	No Mear M	AN	10/10	Required	1
ISA03	103	Security Information Qualifier Description: Code to identify the type of information in the Security Information data element. MEDI-CAL NOTE: This field is not used by Medi-Cal, but required by the standard. Code Name	M	ID	2/2	Required	1
ISA04	104	Security Information Description: This is used for identifying the security information about the interchange sender or the data in the interchange. The Security Information Qualifier (I03) sets this type of information. MEDI-CAL NOTE: This field is not used by Medi-Cal, but required by the	M	AN	10/10	Required	1
ISA05	105	standard. Interchange ID Qualifier Description: Code to identify system/method of code structure used in the sender or receiver ID data element (I06). Code Name ZZ Mutually Defined	M	ID	2/2	Required	1
ISA06	106	Interchange Sender ID Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them. MEDI-CAL NOTE: Value is "610442".	M	AN	15/15	Required	1
ISA07	105	Interchange ID Qualifier Description: Code to identify the system/method of code structure used in	M	ID	2/2	Required	1

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	Usage	Rep
	_	the Receiver ID data element (I08). Code Name	<u>—</u>			_ 	
ISA08	107	Interchange Receiver ID Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them. MEDI-CAL NOTE: Billing provider number or submitter ID, left justified and padded with spaces.	М	AN	15/15	Required	1
ISA09	108	Interchange Date Description: Date of the interchange response. MEDI-CAL NOTE: Date is in YYMMDD format.	M	DT	6/6	Required	1
ISA10	109	Interchange Time Description: Time of the interchange response. MEDI-CAL NOTE: Time is in HHMM format.	M	TM	4/4	Required	1
ISA11	I10	Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer. Code Name U.S. EDI Community of ASC X12, TDC	M C and I	ID	1/1	Required	1
ISA12	l11	Interchange Control Version Number Description: This version number covers the interchange control segments. Code Name 00401 Draft Standards for Trial Use Approved	М	ID	5/5 ASC X12 Proce	Required	1 rd
ISA13	l12	through October 1997 Interchange Control Number Description: A control number assigned by the interchange sender. This data value must be identical with IEA02. MEDI-CAL NOTE: A number, right justified and zero filled.	M	N0	9/9	Required	1
ISA14	l13	Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1). Code Name No Acknowledgment Requested	M	ID	1/1	Required	1
ISA15	l14	Usage Indicator Description: Code to indicate data enclosed by this interchange envelope is production data. Code Name Production Data	M	ID	1/1	Required	1
ISA16	I15	Component Element Separator Description: The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure. MEDI-CAL NOTE: Medi-Cal uses '>'.	M		1/1	Required	1

TA1 Interchange Acknowledgement

Pos: Max: >1 Not Defined - Optional Loop: N/A Elements: 5

User Option (Usage): Used

The purpose of this segment is to report the status of processing a received interchange header and trailer or the non-delivery by a network provider.

Notes:

- 1. All fields must contain data.
- 2. This segment acknowledges the receipt of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects a valid interchange, regardless of the validity of the contents of the data included inside the header/trailer envelope.
- 3. See Section A.1.5.1 of the I.G. for interchange acknowledgment information.
- 4. The use of TA1 is subject to trading partner agreement and is neither mandated nor prohibited in this Appendix.

Example:

TA1*00000905*940101*0100*E*009~

MEDI-CAL NOTE:

Medi-Cal will only return a TA-1 Interchange Acknowledgement when errors are encountered in the interchange that cause the file to be rejected.

<u>Ref</u> TA101	<u>ld</u> 112	Element Name Interchange Control Number Description: A control number assigned by the interchange sender. User Note 5: This number is assigned by the sender and uniquely identifies the interchange data to the sender. Together with the sender ID, it uniquely identifies the interchange data to the receiver. It is suggested that the sender, receiver and all third parties be able to maintain an audit trail of interchanges using this number. In the TA1, this should be the interchange control number of the original interchange that this TA1 is acknowledging.	Req M	Type N0	Min/Max 9/9	<u>Usage</u> Required	<u>Rep</u> 1
TA102	108	Interchange Date Description: Date of the interchange. Industry: This is the date of the original interchange being acknowledged. (YYMMDD)	M	DT	6/6	Required	1
TA103	109	Interchange Time Description: Time of the interchange. Industry: This is the time of the original interchange being acknowledged. (HHMM)	M	TM	4/4	Required	1
TA104	l17	Interchange Acknowledgement Code Description: This indicates the status of the receipt of the interchange control structure. Code Name	M	ID	1/1	Required	1
TA105	I18	R The Transmitted Interchange Control S Interchange Note Code Description: This numeric code indicates the error found processing the interchange control structure. Code Name 000 No error 001 The Interchange Control Number in the Header is Used in the Acknowledgmen	M e Header	ID	3/3	Required	1

Code	<u>Name</u>
002	This Standard as Noted in the Control Standards Identifier is Not Supported.
003	This Version of the Controls is Not Supported
004	The Segment Terminator is Invalid
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
007	Invalid Interchange ID Qualifier for Receiver
800	Invalid Interchange Receiver ID
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value
011	Invalid Authorization Information Value
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
014	Invalid Interchange Date Value
015	Invalid Interchange Time Value
016	Invalid Interchange Standards Identifier Value
017	Invalid Interchange Version ID Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
022	Invalid Control Structure
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number
026	Invalid Data Element Separator
027	Invalid Component Element Separator
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Deferred Delivery Request Invalid Grade of Service Code
031	invalid Grade of Service Code

GS Functional Group Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 8

User Option (Usage): Required

The purpose of this segment is to indicate the beginning of a functional group and to provide control information.

Example:

GS*HN*PROV12345*610442*20040305*1013*1*X.*004010X093A1~

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>	<u>Rep</u>
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets. Code Name HN Health Care Claim Status Notification (2)	M 277)	ID	2/2	Required	1
GS02	142	Application Sender's Code Description: Code identifying party sending transmission. MEDI-CAL NOTE: Value is "610442".	M	AN	2/15	Required	1
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission. MEDI-CAL NOTE: Billing provider number or submitter ID, left justified and padded with spaces.	M	AN	2/15	Required	1
GS04	373	Date Description: Use this date for the functional group creation date. MEDI-CAL NOTE: Date is in CCYYMMDD format.	M	DT	8/8	Required	1
GS05	337	Time Description: Use this time for the functional group creation time. Time expressed in 24-hour clock time where H = hours (00-23), M = minutes (00-59). MEDI-CAL NOTE: Time is in HHMM format.	M	TM	4/8	Required	1
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender. This control number must be identical to the same data element in the associated functional group trailer, GE02.	M	N0	1/9	Required	1
GS07	455	Responsible Agency Code Description: Code used in conjunction with Data Element 480 to identify the issuer of the standard. Code Name X Accredited Standards Committee X12	M	ID	1/2	Required	1
GS08	480	Version / Release / Industry Identifier Code Description: Code indicating the version, release, sub-release, and industry identifier of the EDI standard being used, including the GS and GE segments. Code Name 004010X093A Draft Standards Approved for 1 October 1997, as published in				Required es Review Board th	1 rough

ST Transaction Set Header

Pos: 010 Max: 1 Heading - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

The purpose of this segment is to indicate the start of a transaction set and to assign a control number.

Example:
CT*277*0001

<u>Ref</u>	<u>ld</u>	Element Name Transaction Set Identifier Code Description: Code uniquely identifying a transaction set. The transaction set identifier code is used by the translation routines of the interchange partners to select the appropriate transaction set definition. Code Name Health Care Claim Status Notification	Req	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ST01	143		M	ID	3/3	Required	1
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. This data value must be identical to SE02.	M	AN	4/9	Required	1

BHT Beginning of Hierarchical Transaction

Pos: 020 Max: 1 Heading - Mandatory Loop: N/A Elements: 5

User Option (Usage): Required

The purpose of this segment is to define the business hierarchical structure of the transaction set and identify the business application purpose and reference data.

Example:

BHT*0010*08*TRANS.ID...*20040214*DG~

Ref BHT01	<u>ld</u> 1005	Element Name Hierarchical Structure Code Description: Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. Code Name Onto Information Source, Information Receivable.	Req M	Type ID	Min/Max 4/4	<u>Usage</u> Required	<u>Rep</u> 1
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set. Code Name 08 Status	M	ID	2/2	Required	1
BHT03	127	Reference Identification Description: Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier. MEDI-CAL NOTE: The Medi-Cal six-digit VOLSER number is stored here.	M	AN	1/30	Required	1
BHT04	373	Date Description: This is the date the transaction set was created. MEDI-CAL NOTE: Date is in CCYYMMDD format.	M	DT	8/8	Required	1
BHT06	640	Transaction Type Code Description: Code specifying the type of transaction. Code Name DG Response	M	ID	2/2	Required	1

Loop 2000A

Pos: 010 Repeat: >1

Mandatory

Loop: 2000A Elements: N/A

Loop Summary:

<u>Pos</u>	<u>ld</u>	Segment Name	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Source Level	M	1		Required
050		Loop 2100A	M		>1	Required

HL Information Source Level

Pos: 010 Max: 1 Detail - Mandatory Loop: 2000A Elements: 3

User Option (Usage): Required

The purpose of this segment is to identify dependencies among, and the content of, hierarchically related groups of data segments.

Example:

HL*1**20*1~

Ref	<u>ld</u>	Element Name Hierarchical ID Number	<u>Req</u> M	<u>Type</u> AN	Min/Max 1/12	<u>Usage</u>	<u>Rep</u>
HL01	628	Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. This ID shall contain a unique number for each occurrence of the HL segment in the transaction set.	IVI	AIN	1/12	Required	ı
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure. This code indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. Code Name Information Source	M	ID	1/2	Required	1
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in this data element at the Loop 2000A level should always be "1". Code Name	0	ID	1/1	Situational	1

¹ Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100A

Pos: 050 Repeat: >1
Mandatory

Loop: 2100A Elements: N/A

Loop Summary:

PosIdSegment NameReqMax UseRepeatUsage050NM1Payer NameM1Required

NM1 Payer Name

Pos: 050 Max: 1 Detail - Mandatory Loop: 2100A Elements: 5

User Option (Usage): Required

The purpose of this segment is to supply the full name of an individual or organizational entity.

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

NM1*PR*2*MEDI-CAL*PI*610442~

Ref NM101	<u>ld</u> 98	Element Name Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. Code Name PR Payer	Req M	Type ID	<u>Min/Max</u> 2/3	<u>Usage</u> Required	<u>Rep</u> 1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. Code Name Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: The payer name. MEDI-CAL NOTE: Value is "MEDI-CAL".	М	AN	1/35	Required	1
NM108	66	Identification Code Qualifier Description: Code used to qualify the Identification Code submitted in NM109. Code Name Pl Payor Identification	M	ID	1/2	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code. Use this number as qualified by the preceding data element NM108. MEDI-CAL NOTE: Value is "610442".	M	AN	2/80	Required	1

Loop 2000B

Pos: 010 Repeat: >1

Mandatory
Loop: 2000B Elements: N/A

Loop Summary:

<u>Pos</u>	<u>ld</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Receiver Level	M	1		Required
050		Loop 2100B	M		>1	Required

HL Information Receiver Level

Pos: 010 Max: 1 Detail - Mandatory Loop: 2000B Elements: 4

User Option (Usage): Required

The purpose of this segment is to identify dependencies among and the content of hierarchically related groups of data segments.

Example:

HL*2*1*21*1~

<u>Ref</u> HL01	<u>ld</u> 628	Element Name Hierarchical ID Number Description: This ID shall contain a unique number for each occurrence of the HL segment in the transaction set. The value would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	Req M	<u>Type</u> AN	<u>Min/Max</u> 1/12	<u>Usage</u> Required	<u>Rep</u> 1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.	M	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment. Code Name Information Receiver	M	ID	1/2	Required	1
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in this data element at the Loop 2000B level will always be "1". Code Name	M	ID	1/1	Required	1

¹ Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100B

Pos: 050 Repeat: >1
Mandatory
Loop: 2100B Elements: N/A

Loop Summary:

PosIdSegment NameReqMax UseRepeatUsage050NM1Information Receiver NameM1Required

NM1 Information Receiver Name

Pos: 050 Max: 1 Detail - Mandatory Loop: 2100B Elements: 8

User Option (Usage): Required

The purpose of this segment is to supply the full name of an individual or organizational entity.

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

NM1*41*2*CLAIM BILLERS****46*XYZ~

<u>Ref</u> NM101	<u>ld</u> 98	Element Name Entity Identifier Code Description: Code identifying an	Req M	Type ID	Min/Max 2/3	<u>Usage</u> Required	<u>Rep</u> 1
		organizational entity, a physical location, property or an individual. Code Name 41 Submitter					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. Code Name Person Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name.	M	AN	1/35	Required	1
NM104	1036	Name First Description: Information Receiver first name. MEDI-CAL NOTE: The first name is	0	AN	1/25	Situational	1
NM105	1037	required when the value in NM102=`1'. Name Middle Description: Information Receiver middle name or initial. MEDI-CAL NOTE: The middle name is recommended when the value in NM102='1'.	0	AN	1/25	Situational	1
NM107	1039	Name Suffix Description: Information Receiver name suffix. MEDI-CAL NOTE: The name suffix is recommended if the value in NM102=`1'.	0	AN	1/10	Situational	1
NM108	66	Identification Code Qualifier Description: Code used to qualify the Identification Code submitted in NM109. MEDI-CAL NOTE: XX (NPI) is for future use only. Code Name	M	ID	1/2	Required	1
		 46 Electronic Transmitter Identification Nu FI Federal Taxpayer's Identification Number XX Health Care Financing Administration I 	oer	•	lentifier		
NM109	67	Identification Code Description: Code identifying a party or other code. Use this number as qualified by the preceding data element NM108. MEDI-CAL NOTE: Medi-Cal Provider ID or Submitter ID.	M	AN	2/80	Required	1

Loop 2000C

Pos: 010 Repeat: >1
Mandatory
Loop: 2000C Elements: N/A

Loop Summary:

<u>Pos</u>	<u>ld</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Service Provider Level	M	1		Required
050		Loop 2100C	M		>1	Required

HL Service Provider Level

Pos: 010 Max: 1 **Detail - Mandatory** Loop: 2000C Elements: 4

User Option (Usage): Required

The purpose of this segment is to identify dependencies among, and the content of, hierarchically related groups of data segments.

Example:

HL*3*2*19*1~

<u>Ref</u> HL01	<u>ld</u> 628	Element Name Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. This ID shall contain a unique number for each occurrence of the HL segment in the transaction set. The value would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	Req M	<u>Type</u> AN	<u>Min/Max</u> 1/12	<u>Usage</u> Required	<u>Rep</u> 1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.	M	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment. Code Name 19 Provider of Service	M	ID	1/2	Required	1
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in this data element at the Loop 2000B level will always be "1". Code Name	M	ID	1/1	Required	1

¹ Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100C

Pos: 050 Repeat: >1

Mandatory

Loop: 2100C Elements: N/A

Loop Summary:

PosIdSegment NameReqMax UseRepeatUsage050NM1Provider NameM1Required

Provider Name NM1

Pos: 050 Max: 1 **Detail - Mandatory** Loop: 2100C Elements: 9

User Option (Usage): Required

The purpose of this segment is to supply the full name of an individual or organizational entity.

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

NM1*1P*2*CITY.HOSPITAL*****SV*PROV12345~

MEDI-CAL NOTE:

This segment contains information about the billing provider.

<u>Ref</u> NM101	<u>ld</u> 98	Element Name Entity Identifier Code	<u>Req</u> M	<u>Type</u> ID	Min/Max 2/3	<u>Usage</u> Required	Rep
1411101		Description: Code identifying an organizational entity, a physical location, property or an individual. Code Name 1P Provider	•••	i.D	2.0	rtoquilou	·
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. Code Name Person Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Provider last name or organizational name.	M	AN	1/35	Required	1
NM104	1036	Name First Description: Provider first name. MEDI-CAL NOTE: The first name is required when the value in NM102='1'.	0	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Provider middle name or initial. MEDI-CAL NOTE: The middle name or initial is recommended when the value in NM102='1'.	0	AN	1/25	Situational	1
NM106	1038	Name Prefix Description: Provider name prefix. MEDI-CAL NOTE: Recommended if the value in the entity type qualifier is a person.	0	AN	1/10	Situational	1
NM107	1039	Name Suffix Description: Provider name suffix. MEDI-CAL NOTE: The name suffix is recommended if NM102='1'.	0	AN	1/10	Situational	1
NM108	66	Identification Code Qualifier Description: Code used to qualify the Identification Code submitted in NM109. The use of code "SV" is recommended prior to the mandated use of a National Provider ID. Code Name SV Service Provider Number XX Health Care Financing Administration I	M National	ID Provider Id	1/2 lentifier	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code. Use this number as qualified by	M	AN	2/80	Required	1
		23					

Ref Id Element Name Req Type Min/Max Usage Rep

Element Name
the preceding data element NM108.
MEDI-CAL NOTE: Billing Provider

Number.

Loop 2000D

Pos: 010	Repeat: >1					
Mandatory						
Loop: 2000D	Elements: N/A					

The purpose of this segment is to identify dependencies among, and the content of, hierarchically related groups of data segments.

Comments:

- 1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line item data to shipment data, and packaging data to line item data.
- 2. The HL segment defines a top-down/left-right ordered structure.
- 3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order or item-level information.
- 6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

1. If the subscriber and the patient are the same person, do not use the next HL (HL23) for claim information.

Example:

HL*4*3*22*0~

Loop Summary:

<u>Pos</u>	<u>ld</u>	Segment Name	Req	Max Use	Repeat	<u>Usage</u>
010	HL	Subscriber Level	М	1		Required
040	DMG	Subscriber Demographic Information	0	1		Used
050		Loop 2100D	M		1	Required
090		Loop 2200D	0		>1	Used

HL Subscriber Level

Pos: 010 Max: 1 Detail - Mandatory Loop: 2000D Elements: 4

User Option (Usage): Required

The purpose of this segment is to identify dependencies among, and the content of, hierarchically related groups of data segments.

Comments:

- 1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line item data to shipment data, and packaging data to line item data.
- 2. The HL segment defines a top-down/left-right ordered structure.
- 3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order or item-level information.
- 6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

1. If the subscriber and the patient are the same person, do not use the next HL (HL23) for claim information.

Example:

HL*4*3*22*0~ or HL*4*3*22*1~

MEDI-CAL NOTE:

For Medi-Cal, the subscriber is ALWAYS the patient.

Element Summary:

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number	М	AN	1/12	Required	1
		Description: A unique number assigned by					
		the sender to identify a particular data					
HL02	734	segment in a hierarchical structure. Hierarchical Parent ID Number	М	AN	1/12	Doguirod	4
HLU2	734	Description: Identification number of the	IVI	AIN	1/12	Required	1
		next higher hierarchical data segment that					
		the data segment being described is					
		subordinate to.					
HL03	735	Hierarchical Level Code	М	ID	1/2	Required	1
		Description: Code defining the					
		characteristic of a level in a hierarchical					
		structure.					
		Mode: Automatic					
		Control: Text					
		Code Name					
		22 Subscriber			as is sovered fo	r incurance and to u	ıb o m
		Description: Identifies the employee or on behalf of whom, the insurer agree			io is covered to	i insurance and to w	mom,
HL04	736	Hierarchical Child Code	оз ю рау М	ID	1/1	Required	1
		Description: Code indicating if there are	•••		., .		•
		hierarchical child data segments					
		subordinate to the level being described.					
		Code Name					
		0 No Subordinate HL Segment in This H	ierarchic	al Structure	э.		

Required when there are no dependent claim status requests for this subscriber.

DMG Subscriber Demographic Information

Pos: 040 Max: 1
Detail - Optional
Loop: 2000D Elements: 3

User Option (Usage): Used

The purpose of this segment is to supply demographic information.

Syntax:

1. P0102 - If either DMG01, DMG02 is present, then all are required

Semantics:

- 1. DMG02 is the date of birth.
- 2. DMG07 is the country of citizenship.
- 3. DMG09 is the age in years.

Notes:

Required when the subscriber is the patient. Not used when the subscriber is not the patient.

Example:

DMG*D8*19330706*M~

MEDI-CAL NOTE:

Medi-Cal does not use the dependent level DMG, since the subscriber is always the patient.

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>	Rep
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. Code Name	С	ID	2/3	Required	1
DMG02	1251	D8 Date Expressed in Format CCYYMMDI Date Time Period	D C	AN	1/35	Required	1
DIVIGUZ 1251	1231	Description: Expression of a date, a time, or range of dates, times or dates and times. Industry: Subscriber Birth Date	C	AIN	,,,,,	Required	,
		Alias: Date of Birth - Subscriber					
		MEDI-CAL NOTE: Recipient date of birth. Medi-Cal returns the date of birth from the 276 Transaction.					
DMG03	1068	Gender Code	M	ID	1/1	Required	1
		Description: Code indicating the sex of the individual					
		Industry: Subscriber Gender Code					
		Alias: Gender - Subscriber					
		MEDI-CAL NOTE: Recipient gender.					
		CodeNameFFemaleMMaleUUnknown					

Loop 2100D

Pos: 050 Repeat: 1 Mandatory

Loop: 2100D Elements: N/A

The purpose of this segment is to supply the full name of an individual or organizational entity.

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Example:

NM1*QC*1*SMITH*FRED****MI*12345678A~ or NM1*IL*1*SMITH*ROBERT****MI*987654321~

Loop Summary:

<u>Pos</u>	<u>ld</u>	Segment Name	<u>Req</u>	Max Use	<u>Repeat</u>	<u>Usage</u>
050	NM1	Subscriber Name	M	1		Required

NM1 Subscriber Name

Pos: 050 Max: 1 Detail - Mandatory Loop: 2100D Elements: 9

User Option (Usage): Required

The purpose of this segment is to supply the full name of an individual or organizational entity.

Syntax:

- 1. P0809 If either NM108,NM109 is present, then all are required
- 2. C1110 If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Example:

NM1*QC*1*SMITH*FRED****MI*12345678A~ or NM1*IL*1*SMITH*ROBERT****MI*9876543210~

Ref NM101	<u>ld</u> 98	Element Name Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. Mode: Automatic Control: Text Code Name IL Insured or Subscriber QC Patient Description: Individual receiving medicates.	Reg M	Type ID	Min/Max 2/3	<u>Usage</u> Required	<u>Rep</u> 1
		Use this only when the subscriber		atient.			
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. Code Name Person	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Subscriber Last Name	M	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Subscriber First Name MEDI-CAL NOTE: The first name is required when the value in NM102 is '1' and the person has a first name.	0	AN	1/25	Used	1
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Subscriber Middle Name MEDI-CAL NOTE: The middle name or initial is required when the value in NM102 is '1' and the person has a middle	0	AN	1/25	Situational	1
NM106	1038	name or initial. Name Prefix Description: Prefix to individual name. Industry: Subscriber Name Prefix MEDI-CAL NOTE: Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a	0	AN	1/10	Used	1

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>	<u>Rep</u>
		person.					
NM107	1039	Name Suffix	0	AN	1/10	Used	1
		Description: Suffix to individual name.					
		Industry: Subscriber Name Suffix					
		MEDI-CAL NOTE: Required if additional					
		name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.					
NM108	66	Identification Code Qualifier	М	ID	1/2	Required	1
NIVITOO	00	Description: Code designating the system/method of code structure used for Identification Code (67). Code Name MI Member Identification Number	IVI	טו	1/2	Requireu	ı
NM109	67	Identification Code	М	AN	2/80	Required	1
		Description: Code identifying a party or					
		other code. Industry: Subscriber Identifier					
		-					
		MEDI-CAL NOTE: Medi-Cal Subscriber					
		(Recipient) ID. This ID can be nine, 10 or 14 characters in length.					

Loop 2200D

Pos: 090 Repeat: >1 Optional Loop: 2200D Elements: N/A

The purpose of this segment is to uniquely identify a transaction to an application.

Semantics:

- 1. TRN02 provides unique identification for the transaction.
- 2. TRN03 identifies an organization.
- 3. TRN04 identifies a further subdivision within the organization.

Example:

TRN*2*172263482~

Loop Summary:

<u>Pos</u>	<u>ld</u>	Segment Name	Req	Max Use	Repeat	<u>Usage</u>
090	TRN	Claim Submitter Trace Number	0	1		Used
100	STC	Claim Level Status Information	M	1		Required
110	REF	Payer Claim Identification Number	0	1		Used
110	REF	Institutional Bill Type Identification	0	1		Situational
110	REF	Medical Record Identification	0	1		Situational
120	DTP	Claim Service Date	0	1		Used
180		Loop 2220D	0		>1	Used

TRN Claim Submitter Trace Number

Pos: 090 Max: 1 Detail - Optional Loop: 2200D Elements: 2

User Option (Usage): Used

The purpose of this segment is to uniquely identify a transaction to an application.

Semantics:

- 1. TRN02 provides unique identification for the transaction.
- 2. TRN03 identifies an organization.
- 3. TRN04 identifies a further subdivision within the organization.

Notes:

- 1. This segment is required if the subscriber is the patient. If the subscriber is not the patient, do not use this segment; use TRN segment in Loop 2200E.
- 2. This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 (Health Care Claim Status Request) Transaction.
- 3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

Example:

TRN*2*172263482~

Ref	<u>ld</u>	Element Name Trace Type Code Description: Code identifying which transaction is being referenced. Mode: Automatic Control: Text Code Name 2 Referenced Transaction Trace Numbers	Req	Type	Min/Max	<u>Usage</u>	<u>Rep</u>
TRN01	481		M	ID	1/2	Required	1
TRN02	127	Reference Identification Description: Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier. Industry: Trace Number Alias: Patient Account Number MEDI-CAL NOTE: Per the 277 Addenda: "This data element corresponds to the CLM01 data element of the ASC X12N Institutional, and Professional Implementation Guide(s). Paper-based claims may not require a Patient Account Number for adjudication. When inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02." Medi-Cal returns the first 20 bytes of the patient account number.	M	AN	1/30	Required	1

STC Claim Level Status Information

Pos: 100 Max: 1 Detail - Mandatory Loop: 2200D Elements: 10

User Option (Usage): Required

The purpose of this segment is to report the status, required action and paid information of a claim or service line.

Semantics:

- 1. STC02 is the effective date of the status information.
- 2. STC04 is the amount of original submitted charges.
- 3. STC05 is the amount paid.
- 4. STC06 is the paid date.
- 5. STC08 is the check issue date.
- 6. STC12 allows additional free-form status information.

Notes:

- 1. This is required if the subscriber is the patient.
- 2. Claim status information is in response to a solicited inquiry.

Example:

Claim in process:

STC*P1>0*20040501**50*0~ or

Paid Claim:

STC*F1>65*20040511**50*49.50*20040515*CHK*20040515*23170685~

		y					
<u>Ref</u>	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>	<u>Rep</u>
STC01	C043	Health Care Claim Status	М	Comp		Required	1
		Description: Used to convey status of the					
	4074	entire claim or a specific service line.			4/00	Б	
	1271	Industry Code	М	AN	1/30	Required	1
		Description: Code indicating a code from a					
		specific industry code list. Industry: Health Care Claim Status					
		Category Code					
		MEDI-CAL NOTE: This is the Category					
		code from code source 507.					
		ExternalCodeList					
		Name: 507		10			
		Description: Health Care Claim Status Categ	ory Code				
	1271	Industry Code	M	AN	1/30	Required	1
		Description: Code indicating a code from a					
		specific industry code list.					
		Industry: Health Care Claim Status Code					
		MEDI-CAL NOTE: This is the Status code					
		from code source 508.					
		<u>ExternalCodeList</u>					
		Name: 508					
		Description: Health Care Claim Status Code					
	98	Entity Identifier Code	0	ID	2/3	Situational	1
		Description: Code identifying an					
		organizational entity, a physical location,					
		property or an individual. MEDI-CAL NOTE: STC01-3 further					
		modifies the status code in STC01-2.					
		Required if additional detail applicable to					
		claim status is needed to clarify the					
		status and the payer's system supports					
		this level of detail.					
		Code Name					
		13 Contracted Service Provider					
		17 Consultant's Office	O)				
		1E Health Maintenance Organization (HM)	U)				

CA MEDI-CAL

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Code Name

- 1G Oncology Center
- 1H Kidney Dialysis Unit
- 1I Preferred Provider Organization (PPO)
- 10 Acute Care Hospital
- 1P Provider
- 1Q Military Facility
- 1R University, College or School
- 1S Outpatient Surgicenter
- 1T Physician, Clinic or Group Practice
- 1U Long Term Care Facility
- 1V Extended Care Facility
- 1W Psychiatric Health Facility
- 1X Laboratory
- 1Y Retail Pharmacy
- 1Z Home Health Care
- 28 Subcontractor
- 2A Federal, State, County or City Facility
- 2B Third-Party Administrator
- 2E Non-Health Care Miscellaneous Facility
- 2I Church Operated Facility
- 2K Partnership
- 2P Public Health Service Facility
- 2Q Veterans Administration Facility
- 2S Public Health Service Indian Service Facility
- 2Z Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
- 30 Service Supplier
- 36 Employer
- 3A Hospital Unit Within an Institution for the Mentally Retarded
- 3C Tuberculosis and Other Respiratory Diseases Facility
- 3D Obstetrics and Gynecology Facility
- 3E Eye, Ear, Nose and Throat Facility
- 3F Rehabilitation Facility
- 3G Orthopedic Facility
- 3H Chronic Disease Facility
- 3I Other Specialty Facility
- 3J Children's General Facility
- 3K Children's Hospital Unit of an Institution
- 3L Children's Psychiatric Facility
- 3M Children's Tuberculosis and Other Respiratory Diseases Facility
- 3N Children's Eye, Ear, Nose and Throat Facility
- 30 Children's Rehabilitation Facility
- 3P Children's Orthopedic Facility
- 3Q Children's Chronic Disease Facility
- 3R Children's Other Specialty Facility
- 3S Institution for Mental Retardation
- 3T Alcoholism and Other Chemical Dependency Facility
- 3U General Inpatient Care for AIDS/ARC Facility
- 3V AIDS/ARC Unit
- 3W Specialized Outpatient Program for AIDS/ARC
- 3X Alcohol/Drug Abuse or Dependency Inpatient Unit
- 3Y Alcohol/Drug Abuse or Dependency Outpatient Services
- 3Z Arthritis Treatment Center
- 40 Receiver
 - **Description:** Entity to accept transmission
- 43 Claimant Authorized Representative
- 44 Data Processing Service Bureau
- 4A Birthing Room/LDRP Room
- 4B Burn Care Unit
- 4C Cardiac Catherization Laboratory
- 4D Open-Heart Surgery Facility
- 4E Cardiac Intensive Care Unit
- 4F Angioplasty Facility
- 4G Chronic Obstructive Pulmonary Disease Service Facility
- 4H Emergency Department
- 4I Trauma Center (Certified)
- 4J Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
- 4L Genetic Counseling/Screening Services

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Code Name

4M	Adult Day Care Program Fac	cility

- 4N Alzheimer's Diagnostic/Assessment Services
- 40 Comprehensive Geriatric Assessment Facility
- 4P Emergency Response (Geriatric) Unit
- 4Q Geriatric Acute Care Unit
- 4R Geriatric Clinics
- 4S Respite Care Facility
- 4U Patient Education Unit
- 4V Community Health Promotion Facility
- 4W Worksite Health Promotion Facility
- 4X Hemodialysis Facility
- 4Y Home Health Services
- 4Z Hospice
- 5A Medical Surgical or Other Intensive Care Unit
- 5B Hisopathology Laboratory
- 5C Blood Bank
- 5D Neonatal Intensive Care Unit
- 5E Obstetrics Unit
- 5F Occupational Health Services
- 5G Organized Outpatient Services
- 5H Pediatric Acute Inpatient Unit
- 5I Psychiatric Child/Adolescent Services
- 5J Psychiatric Consultation-Liaison Services
- 5K Psychiatric Education Services
- 5L Psychiatric Emergency Services
- 5M Psychiatric Geriatric Services
- 5N Psychiatric Inpatient Unit
- 50 Psychiatric Outpatient Services
- 5P Psychiatric Partial Hospitalization Program
- 5Q Megavoltage Radiation Therapy Unit
- 5R Radioactive Implants Unit
- 5S Therapeutic Radioisotope Facility
- 5T X-Ray Radiation Therapy Unit
- 5U CT Scanner Unit
- 5V Diagnostic Radioisotope Facility
- 5W Magnetic Resonance Imaging (MRI) Facility
- 5X Ultrasound Unit
- 5Y Rehabilitation Inpatient Unit
- 5Z Rehabilitation Outpatient Services
- 61 Performed At

Description: The facility where work was performed

- 6A Reproductive Health Services
- 6B Skilled Nursing or Other Long-Term Care Unit
- 6C Single Photon Emission Computerized Tomography (SPECT) Unit
- 6D Organized Social Work Service Facility
- 6E Outpatient Social Work Services
- 6F Emergency Department Social Work Services
- 6G Sports Medicine Clinic/Services
- 6H Hospital Auxiliary Unit
- 6I Patient Representative Services
- 6J Volunteer Services Department
- 6K Outpatient Surgery Services
- 6L Organ/Tissue Transplant Unit6M Orthopedic Surgery Facility
- 6M Orthopedic Surgery Facility6N Occupational Therapy Services
- 60 Physical Therapy Services
- 6P Recreational Therapy Services
- 6Q Respiratory Therapy Services6R Speech Therapy Services
- 6S Women's Health Center/Services
- 6U Cardiac Rehabilitation Program Facility
- 6V Non-Invasive Cardiac Assessment Services
- 6W Emergency Medical Technician
- 6X Disciplinary Contact
- 6Y Case Manager
- 71 Attending Physician

Description: Physician present when medical services are performed.

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Code Name

72 Operating Physician

Description: Doctor who performs a surgical procedure.

73 Other Physician

Description: Physician not one of the other specified choices.

- 74 Corrected Insured
- 77 Service Location
- 7C Place of Occurrence
- 80 Hospital

Description: An institution where the ill or injured may receive medical treatment.

- 82 Rendering Provider
- 84 Subscriber's Employer
- 85 Billing Provider
- 87 Pay-to Provider
- 95 Research Institute
- CK Pharmacist
- CZ Admitting Surgeon
- D2 Commercial Insurer
- DD Assistant Surgeon
- DJ Consulting Physician
- DK Ordering Physician
- DN Referring Provider
- DO Dependent Name
- DQ Supervising Physician
- E1 Person or Other Entity Legally Responsible for a Child
- E2 Person or Other Entity With Whom a Child Resides
- E7 Previous Employer
- E9 Participating Laboratory
- FA Facility
- FD Physical Address
- FE Mail Address
- G0 Dependent Insured
- G3 Clinic
- GB Other Insured
- GD Guardian
- GI Paramedic
- GJ Paramedical Company

Description: A company that performs physical examination services.

- GK Previous Insured
- GM Spouse Insured
- GY Treatment Facility
- HF Healthcare Professional Shortage Area (HPSA) Facility

Description: Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services

- HH Home Health Agency
- Independent Physicians Association (IPA)
- IJ Injection Point
- IL Insured or Subscriber
- IN Insurer
- LI Independent Lab

Description: Outside laboratory that provides test results for entity providing medical services.

- LR Legal Representative
- MR Medical Insurance Carrier
- OB Ordered By
- OD Doctor of Optometry
- OX Oxygen Therapy Facility

Description: Building in which oxygen treatment is provided for medical disorder.

P0 Patient Facility

Description: Facility where patient resides

P2 Primary Insured or Subscriber

Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer.

P3 Primary Care Provider

Description: Physician that is selected by the insured to provide medical care.

- P4 Prior Insurance Carrier
- P6 Third Party Reviewing Preferred Provider Organization (PPO)
- P7 Third Party Repricing Preferred Provider Organization (PPO)
- PT Party to Receive Test Report

Code PV	Ver 1.1					
	Party performing certification					
PW	Pick Up Address					
QA	Pharmacy					
	Description: Establishment responsib	le for pre	paring and	dispensing dru	ugs and medicines.	
QB	Purchase Service Provider	•	. 0			
~-	Description: Entity from which medical	مالممانه ام	e may ha h	ought		
00		ai supplie	S may be b	ougrit.		
QC	Patient					
	Description: Individual receiving med	ical care.				
QD	Responsible Party					
	Description: Person responsible for the	ne affairs	of the pers	on having serv	rices rendered.	
QE	Policyholder	io anano	or the pere	on naving con	1000 1011001001	
QH	•					
	Physician Manager of Company					
QK	Managed Care					
QL	Chiropractor					
QN	Dentist					
QO	Doctor of Osteopathy					
QS	Podiatrist					
Q۷	Group Practice					
QY	Medical Doctor					
Qī					. (1.15)	
	Description: An individual trained and	licensed	ι το practice	as a medical	aoctor (MD).	
RC	Receiving Location					
RW	Rural Health Clinic					
S4	Skilled Nursing Facility					
SJ	Service Provider					
00	Description: Identifies name and add	race infor	mation as r	oortaining to a	convice provider for v	hick
		1633 111101	manon as p	bertaining to a	service provider for v	VIIICI
011	billing is being rendered.					
SU	Supplier/Manufacturer					
T4	Transfer Point					
	Description: A geographic location w					inati
	Used to identify the geographic lo	cation wl	nere a pati	ent is transfer	red or diverted.	
TQ	Third Party Reviewing Organization (T		•			
TT	Transfer To	,				
TU		20)				
	Third Party Repricing Organization (TF	-0)				
UH	Nursing Home					
X3	Utilization Management Organization					
X4	Spouse					
X5	Durable Medical Equipment Supplier					
ZZ	Mutually Defined					
Date	•	М	DT	8/8	Required	
	iption: Date expressed as	•••		G/ G		
	MMDD.					
	ry: Status Information Effective					
	ry: Status information Effective					
Indust Date						
Indust Date MEDI-	CAL NOTE: This date indicates the					
Indust Date MEDI- effecti	CAL NOTE: This date indicates the ve date of the claim status					
Indust Date MEDI- effecti respo	CAL NOTE: This date indicates the ve date of the claim status nse.					
Indust Date MEDI- effecti respo	CAL NOTE: This date indicates the ve date of the claim status	M	R	1/18	Required	
Indust Date MEDI- effecti respon	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descr	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount	М	R	1/18	Required	
Indust Date MEDI- effecti respor Monet Descri	CAL NOTE: This date indicates the ve date of the claim status nse. eary Amount iption: Monetary amount cry: Total Claim Charge Amount	М	R	1/18	Required	
Indust Date MEDI- effecti respor Monet Descri	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI-	CAL NOTE: This date indicates the ve date of the claim status nse. eary Amount iption: Monetary amount cry: Total Claim Charge Amount	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound lacy, inpatient and crossover	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound nacy, inpatient and crossover s, this element contains the total	М	R	1/18	Required	
Indust Date MEDI- effecti respoi Monet Descri Indust MEDI- pharm claims billed	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound nacy, inpatient and crossover s, this element contains the total amount.	М	R	1/18	Required	
Indust Date MEDI- effecti respoi Monet Descri Indust MEDI- pharm claims billed For no	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound nacy, inpatient and crossover s, this element contains the total amount.	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound acy, inpatient and crossover s, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound acy, inpatient and crossover s, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision is this element contains the service	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound acy, inpatient and crossover s, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims line bi	CAL NOTE: This date indicates the ve date of the claim status use. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound uscy, inpatient and crossover s, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision is this element contains the service lled amount, since claim lines are	М	R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims line bi proces	CAL NOTE: This date indicates the ve date of the claim status use. ary Amount iption: Monetary amount cry: Total Claim Charge Amount CAL NOTE: For compound usey, inpatient and crossover s, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision is this element contains the service lled amount, since claim lines are used individually.					
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims line bi proces Monet	CAL NOTE: This date indicates the ve date of the claim status use. ary Amount intion: Monetary amount intropy: Total Claim Charge Amount in CAL NOTE: For compound in acy, inpatient and crossover is, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision is this element contains the service illed amount, since claim lines are issed individually. ary Amount	M	R R	1/18	Required	
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims line bi proces Monet Descri	CAL NOTE: This date indicates the ve date of the claim status inse. ary Amount iption: Monetary amount iry: Total Claim Charge Amount iry: Total Claim Charge Amount incompound incompound incompound incompound pharmacy, inpatient and crossover is, this element contains the total amount. In-compound pharmacy, long term incompound incompoun					
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims line bi proces Monet Descri	CAL NOTE: This date indicates the ve date of the claim status use. ary Amount intion: Monetary amount intropy: Total Claim Charge Amount in CAL NOTE: For compound in acy, inpatient and crossover is, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision is this element contains the service illed amount, since claim lines are issed individually. ary Amount					
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims line bi proces Monet Descri Indust	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount iry: Total Claim Charge Amount CAL NOTE: For compound acy, inpatient and crossover s, this element contains the total amount. On-compound pharmacy, long term poutpatient, medical and vision is this element contains the service lled amount, since claim lines are seed individually. ary Amount iption: Monetary amount iry: Claim Payment Amount					
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims line bi proces Monet Descri Indust MEDI-	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount iry: Total Claim Charge Amount CAL NOTE: For compound acy, inpatient and crossover is, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision is this element contains the service lled amount, since claim lines are issed individually. ary Amount iption: Monetary amount iry: Claim Payment Amount CAL NOTE: For compound					
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims iproces Monet Descri Indust MEDI- pharm	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount iry: Total Claim Charge Amount CAL NOTE: For compound acy, inpatient and crossover is, this element contains the total amount. On-compound pharmacy, long term outpatient, medical and vision is this element contains the service lled amount, since claim lines are issed individually. ary Amount iption: Monetary amount iry: Claim Payment Amount CAL NOTE: For compound inacy, inpatient and crossover					
Indust Date MEDI- effecti respon Monet Descri Indust MEDI- pharm claims billed For no care, o claims line bi proces Monet Descri Indust MEDI- pharm claims	CAL NOTE: This date indicates the ve date of the claim status nse. ary Amount iption: Monetary amount iry: Total Claim Charge Amount CAL NOTE: For compound acy, inpatient and crossover is, this element contains the total amount. on-compound pharmacy, long term outpatient, medical and vision is this element contains the service lled amount, since claim lines are issed individually. ary Amount iption: Monetary amount iry: Claim Payment Amount CAL NOTE: For compound					

STC02

STC04

STC05

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		Ver 1.	1				
<u>Ref</u> <u>Id</u>	F	Element Name For non-compound pharmacy, long term care, outpatient, medical, and vision claims this element contains the service ine paid amount.	Req	<u>Type</u>	Min/Max	<u>Usage</u>	<u>Rep</u>
		his amount is zero if the adjudication					
STC06 37	_	process is not complete.	0	DT	8/8	Used	1
01000 07	C	Description: Date expressed as CCYYMMDD.		Di	0,0	0000	'
		ndustry: Adjudication or payment date MEDI-CAL NOTE: This element contains					
	ti	he date of denial or payment. The date vill only be present if the payment letermination is complete.					
STC07 59		Payment Method Code	0	ID	3/3	Used	1
	fo	Description: Code identifying the method or the movement of payment instructions. MEDI-CAL NOTE: This element is used					
		when claim has a dollar payment to the					
	p	provider of service.					
		Code Name ACH Automated Clearing House (ACH) Use this code to move money elect When this code is used, information					NCH).
	Е	BOP Financial Institution Option		_			
		Use this code to indicate that the the based on end point requests or ca			or will choose t	he method of payr	ment
	C	CHK Check Use this code to indicate that a ch	eck was i	ssued for	payment.		
	F	FWT Federal Reserve Funds/Wire Transfer Use this code to indicate that the f	- Non rep	etitive		system.	
	N	NON Non-Payment Data	ia infans	ation and	and no dellare	ana ta ha maayad	
STC08 37	73 C	Use this code to indicate that this Date	O O	ation only DT	8/8	Used	1
0.000		Description: Date expressed as CCYYMMDD.			<i>0,0</i>	0000	·
	lı	ndustry: Check Issue or EFT Effective					
	N	MEDI-CAL NOTE: This element is used					
	ti	or the check issue date or for the date hat EFT funds were released to the					
		Automated Clearing House. EDS assigns a date prior to receiving the					
	а	actual date from DHS. The actual check assue date is available 10 days after the					
0.7000 46		elaim adjudication date.		A N I	4/40	Usad	4
STC09 42		Check Number Description: Check identification number.	0	AN	1/16	Used	1
		ndustry: Check or EFT Trace Number MEDI-CAL NOTE: This element is					
		eturned with a finalized and paid claim					
		when the entire claim was paid using a single check or EFT. Not used with					
		pending or rejected claims. If the					
	_	payment is EFT (electronic file transfer),					
		his number is the trace number. EDS assigns a temporary number prior to					
	r	eceiving actual check numbers from					
		DHS. Actual check numbers are evailable 10 days after the claim					
		djudication date.					
STC10 C		lealth Care Claim Status	0				

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	Usage	Rep
		entire claim or a specific service line.					
		MEDI-CAL NOTE: Use this element if a					
		second claim status is needed.					
	1271	Industry Code	M	AN	1/30	Situational	1
		Description: Code indicating a code from a					
		specific industry code list. Industry: Health Care Claim Status					
		Category Code					
		MEDI-CAL NOTE: This is the Category					
		code from code source 507. Required if					
		STC10 is used.					
		<u>ExternalCodeList</u>					
		Name: 507					
		Description: Health Care Claim Status Categ					
	1271	Industry Code	M	AN	1/30	Required	1
		Description: Code indicating a code from a					
		specific industry code list. Industry: Health Care Claim Status Code					
		MEDI-CAL NOTE: This is the Status code					
		from code source 508.					
		Required if STC10 is used.					
		ExternalCodeList					
		Name: 508					
		Description: Health Care Claim Status Code					
	98	Entity Identifier Code	0	ID	2/3	Used	1
		Description: Code identifying an					
		organizational entity, a physical location, property or an individual.					
		MEDI-CAL NOTE: STC10-3 further					
		modifies the status code in STC10-2. See					
		code value list in STC01-3.					
		Code Name					
		13 Contracted Service Provider					
		17 Consultant's Office 1E Health Maintenance Organization (HM)	~ \				
		1E Health Maintenance Organization (HM0 1G Oncology Center	J)				
		1H Kidney Dialysis Unit					
		1I Preferred Provider Organization (PPO)					
		10 Acute Care Hospital					
		1P Provider					
		1Q Military Facility 1R University, College or School					
		1S Outpatient Surgicenter					
		1T Physician, Clinic or Group Practice					
		1U Long Term Care Facility					
		1V Extended Care Facility					
		1W Psychiatric Health Facility 1X Laboratory					
		1Y Retail Pharmacy					
		1Z Home Health Care					
		28 Subcontractor					
		2A Federal, State, County or City Facility					
		2B Third-Party Administrator 2E Non-Health Care Miscellaneous Facility	,				
		2I Church Operated Facility	y				
		2K Partnership					
		2P Public Health Service Facility					
		2Q Veterans Administration Facility	a ailite i				
		2S Public Health Service Indian Service Fa2Z Hospital Unit of an Institution (prison ho		llege infir	mary etc.)		
		30 Service Supplier	ospital, CC	mege IIIII	mary, Glo. <i>j</i>		
		36 Employer					
		3A Hospital Unit Within an Institution for th			ed		
		3C Tuberculosis and Other Respiratory Dis	seases Fa	acility			
		3D Obstetrics and Gynecology Facility					

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CU	uc	IVAII	ıc

3E Eye, Ear, Nose and Throat Facility

- 3F Rehabilitation Facility
- 3G Orthopedic Facility
- Chronic Disease Facility 3H
- Other Specialty Facility 31
- Children's General Facility 3J
- 3K Children's Hospital Unit of an Institution
- 3L Children's Psychiatric Facility
- Children's Tuberculosis and Other Respiratory Diseases Facility ЗМ
- Children's Eye, Ear, Nose and Throat Facility 3N
- 30 Children's Rehabilitation Facility
- 3P Children's Orthopedic Facility
- 3Q Children's Chronic Disease Facility
- Children's Other Specialty Facility 3R
- Institution for Mental Retardation 3S
- Alcoholism and Other Chemical Dependency Facility 3T
- 3U General Inpatient Care for AIDS/ARC Facility
- 3V AIDS/ARC Unit
- 3W Specialized Outpatient Program for AIDS/ARC
- 3X Alcohol/Drug Abuse or Dependency Inpatient Unit
- 3Y Alcohol/Drug Abuse or Dependency Outpatient Services
- 3Z **Arthritis Treatment Center**
- 40 Receiver

Description: Entity to accept transmission

- 43 Claimant Authorized Representative
- 44 Data Processing Service Bureau
- 4A Birthing Room/LDRP Room
- 4B **Burn Care Unit**
- 4C Cardiac Catherization Laboratory
- 4D Open-Heart Surgery Facility
- Cardiac Intensive Care Unit 4E
- 4F Angioplasty Facility
- 4G Chronic Obstructive Pulmonary Disease Service Facility
- 4H **Emergency Department**
- 41 Trauma Center (Certified)
- Extracorporeal Shock-Wave Lithotripter (ESWL) Unit 4J
- Genetic Counseling/Screening Services 4L
- Adult Day Care Program Facility 4M
- 4N Alzheimer's Diagnostic/Assessment Services
- 40 Comprehensive Geriatric Assessment Facility
- 4P Emergency Response (Geriatric) Unit
- Geriatric Acute Care Unit 4Q
- 4R Geriatric Clinics
- 4S Respite Care Facility
- 4U Patient Education Unit
- Community Health Promotion Facility 4V
- 4W Worksite Health Promotion Facility
- 4X Hemodialysis Facility
- 4Y Home Health Services
- 4Z Hospice
- 5A Medical Surgical or Other Intensive Care Unit
- 5B Hisopathology Laboratory
- 5C **Blood Bank**
- 5D Neonatal Intensive Care Unit
- 5E Obstetrics Unit
- 5F Occupational Health Services
- 5G **Organized Outpatient Services**
- 5H Pediatric Acute Inpatient Unit 51
- Psychiatric Child/Adolescent Services Psychiatric Consultation-Liaison Services 5J
- Psychiatric Education Services 5K
- Psychiatric Emergency Services 5L
- 5M Psychiatric Geriatric Services
- 5N **Psychiatric Inpatient Unit**
- 50 **Psychiatric Outpatient Services**
- 5P Psychiatric Partial Hospitalization Program 5Q
- Megavoltage Radiation Therapy Unit

	Ver 1.1
<u>Code</u>	<u>Name</u>
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
01	Description: The facility where work was performed.
6A	Reproductive Health Services
6B	·
6C	Skilled Nursing or Other Long-Term Care Unit Single Photon Emission Computerized Tomography (SPECT) Unit
6D	
6E	Organized Social Work Service Facility Outpatient Social Work Services
6F	
6G	Emergency Department Social Work Services
6H	Sports Medicine Clinic/Services
6I	Hospital Auxiliary Unit
_	Patient Representative Services Volunteer Services Department
6J 6K	
_	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
60	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Description: Physician present when medical services are performed.
72	Operating Physician
	Description: Doctor who performs a surgical procedure.
73	Other Physician
	Description: Physician not one of the other specified choices.
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
	Description: An institution where the ill or injured may receive medical treatment.
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address

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<u>Code</u>	<u>Name</u>
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD GI	Guardian
GJ	Paramedic Paramedical Company
00	Description: A company that performs physical examination services.
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
	Description: Facility recognized by the Health Care Financing Administration as existing in an area
НН	of the country lacking in health care establishments and services. Home Health Agency
13	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Description: Outside laboratory that provides test results for entity providing medical services. Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
	Description: Building in which oxygen treatment is provided for medical disorder.
P0	Patient Facility
P2	Description: Facility where patient resides Primary Insured or Subscriber
ГZ	Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with
	the employer or the insurer.
P3	Primary Care Provider
	Description: Physician that is selected by the insured to provide medical care.
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7 PT	Third Party Repricing Preferred Provider Organization (PPO) Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
	Description: Establishment responsible for preparing and dispensing drugs and medicines.
QB	Purchase Service Provider
00	Description: Entity from which medical supplies may be bought. Patient
QC	Description: Individual receiving medical care.
QD	Responsible Party
	Description: Person responsible for the affairs of the person having services rendered.
QE	Policyholder
QH	Physician
QK	Managed Care
QL QN	Chiropractor Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
D0	Description: An individual trained and licensed to practice as a medical doctor (MD).
RC RW	Receiving Location Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
	Description: Identifies name and address information as pertaining to a service provider for which
	billing is being rendered.
SU	Supplier/Manufacturer
T4	Transfer Point Description: A geographic location where a shipment is transferred or diverted to a new destination.
	Pessinguistic A decoration coloring where a simplified is transferred of divergen to a new destination.

Description: A geographic location where a shipment is transferred or diverted to a new destination.

Used to identify the geographic location where a patient is transferred or diverted.

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	Ver 1.1					
	CodeNameTQThird Party Reviewing Organization (TTTTransfer ToTUThird Party Repricing Organization (TFUHNursing HomeX3Utilization Management OrganizationX4SpouseX5Durable Medical Equipment SupplierZZMutually Defined	,				
STC11 C043	,	Ο	Comp		Situational	1
1271	Industry Code Description: Code indicating a code from a specific industry code list. Industry: Health Care Claim Status Category Code MEDI-CAL NOTE: This is the Category code from code source 507. Required if STC11 is used. ExternalCodeList Name: 507	M	AN	1/30	Required	1
1271	Description: Health Care Claim Status Cated Industry Code Description: Code indicating a code from a specific industry code list. Industry: Health Care Claim Status Code MEDI-CAL NOTE: This is the Status code from code source 508. Required if STC11 is used. ExternalCodeList Name: 508 Description: Health Care Claim Status Code	М	AN	1/30	Required	1
98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. MEDI-CAL NOTE: STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3. Code Name 13		ID	2/3	Used	1

	Ver 1.1
Code	<u>Name</u>
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
31	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
30	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Description: Entity to accept transmission
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
41	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
40	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services

Fediatric Acute Inpatient Unit	Code	ver 1.1
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6V Non-Invasive Cardiac Assessment Services 6W Emergency Medical Technician 6X Disciplinary Contact 6Y Case Manager 71 Attending Physician Description: Physician present when medical services are performed. 72 Operating Physician Description: Doctor who performs a surgical procedure. 73 Other Physician Description: Physician not one of the other specified choices. 74 Corrected Insured 77 Service Location 7C Place of Occurrence 80 Hospital Description: An institution where the ill or injured may receive medical treatment. 82 Rendering Provider 84 Subscriber's Employer 85 Billing Provider 87 Pay-to Provider 88 Research Institute CK Pharmacist CZ Admitting Surgeon DD Assistant Surgeon DJ Consulting Physician		
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Description: Physician not one of the other specified choices. 74 Corrected Insured 77 Service Location 7C Place of Occurrence 80 Hospital Description: An institution where the ill or injured may receive medical treatment. 82 Rendering Provider 84 Subscriber's Employer 85 Billing Provider 87 Pay-to Provider 95 Research Institute CK Pharmacist CZ Admitting Surgeon D2 Commercial Insurer DD Assistant Surgeon DJ Consulting Physician		Description: Doctor who performs a surgical procedure.
74 Corrected Insured 77 Service Location 7C Place of Occurrence 80 Hospital Description: An institution where the ill or injured may receive medical treatment. 82 Rendering Provider 84 Subscriber's Employer 85 Billing Provider 87 Pay-to Provider 95 Research Institute CK Pharmacist CZ Admitting Surgeon D2 Commercial Insurer DD Assistant Surgeon DJ Consulting Physician	73	
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CZ Admitting Surgeon D2 Commercial Insurer DD Assistant Surgeon DJ Consulting Physician		
D2 Commercial Insurer DD Assistant Surgeon DJ Consulting Physician	_	
DD Assistant Surgeon DJ Consulting Physician		
DJ Consulting Physician		
DN Ordering Physician		
	חע	Oracing Physician

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Code	Name Name
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
	Description: A company that performs physical examination services.
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
	Description: Facility recognized by the Health Care Financing Administration as existing in an area
	of the country lacking in health care establishments and services.
НН	Home Health Agency
13	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
	Description: Outside laboratory that provides test results for entity providing medical services.
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
	Description: Building in which oxygen treatment is provided for medical disorder.
P0	Patient Facility
	Description: Facility where patient resides.
P2	Primary Insured or Subscriber
	Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with
	the employer or the insurer.
P3	Primary Care Provider
	Description: Physician that is selected by the insured to provide medical care.
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
	Description: Establishment responsible for preparing and dispensing drugs and medicines.
QB	Purchase Service Provider
	Description: Entity from which medical supplies may be bought.
QC	Patient
	Description: Individual receiving medical care.
QD	Responsible Party
	Description: Person responsible for the affairs of the person having services rendered.
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
	Description: An individual trained and licensed to practice as a medical doctor (MD).

Description: An individual trained and licensed to practice as a medical doctor (MD).

<u>Code</u>	<u>Name</u>
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
	Description: Identifies name and address information as pertaining to a service provider for which
	billing is being rendered.
SU	Supplier/Manufacturer
T4	Transfer Point
	Description: A geographic location where a shipment is transferred or diverted to a new destination.
	Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
Х3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

REF Payer Claim Identification Number

Pos: 110 Max: 1 Detail - Optional Loop: 2200D Elements: 2

User Option (Usage): Used

The purpose of this segment is to specify identifying information.

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

- 1. Use this only if the subscriber is the patient.
- 2. This is the payer's assigned control number, also known as an Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.
- 3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*1K*4035046987002~

MEDI-CAL NOTE:

This element contains the Medi-Cal Claim Control Number (CCN).

<u>Ref</u>	<u>ld</u>	Element Name	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF	01 128	Reference Identification Qualifier	M	ID	2/3	Required	1
		Description: Code qualifying the Reference					
		Identification.					
		Mode: Automatic					
		Control: Text					
		<u>Code</u> <u>Name</u>					
		1K Payor's Claim Number					
REF02	02 127	Reference Identification	М	AN	1/30	Required	1
		Description: Reference information as					
		defined for a particular transaction set or as					
		specified by the Reference Identification					
		Qualifier.					
		Industry: Payer Claim Control Number					
		MEDI-CAL NOTE: This element contains					
		the 13-digit Claim Control Number (CCN).					
		The last two digits contain the claim line					
		number.					

REF Institutional Bill Type Identification

Pos: 110 Max: 1 Detail - Optional Loop: 2200D Elements: 2

User Option (Usage): Situational

The purpose of this segment is to specify identifying information.

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

- 1. This segment is the institutional bill type submitted on the original claim. The institutional bill type consists of the two-position Facility Type Code, and the one-position Claim Frequency Code. The payer may use it as a primary lookup key.
- 2. Use when subscriber is the patient.
- 3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*BLT*111~

Ref	<u>ld</u>	Element Name Reference Identification Qualifier Description: Code qualifying the Reference Identification. Mode: Automatic Control: Text Code Name BLT Billing Type	Req	Type	Min/Max	<u>Usage</u>	<u>Rep</u>
REF01	128		M	ID	2/3	Required	1
REF02	127	Reference Identification Description: Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier. Industry: Bill Type Identifier	M	AN	1/30	Required	1

REF Medical Record Identification

Pos: 110 Max: 1 Detail - Optional Loop: 2200D Elements: 2

User Option (Usage): Situational

The purpose of this segment is to specify identifying information.

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

- 1. This is the medical record number submitted on the original claim and should be returned when available from the submitted claim.
- 2. Use this only when the subscriber is the patient.
- 3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*EA*J354789~

Ref REF01	<u>ld</u> 128	Element Name Reference Identification Qualifier Description: Code qualifying the Reference Identification. Mode: Automatic Control: Text Code Name EA Medical Record Identification Number Description: A unique number assigne in retrieval of medical records	Req M	Type ID	Min/Max 2/3 by the provider o	<u>Usage</u> Required f service (hospital) t	Rep 1
REF02	127	Reference Identification Description: Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier. Industry: Medical Record Number	С	AN	1/30	Required	1

DTP Claim Service Date

Pos: 120 Max: 1 Detail - Optional Loop: 2200D Elements: 3

User Option (Usage): Used

The purpose of this segment is to specify any or all of a date, a time or a time period.

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- 1. Use this segment for the institutional claim statement period.
- 2. Use this segment if the subscriber is the patient.
- 3. For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

Example:

DTP*232*RD8*20040401-20040402~

or

DTP*232*RD8*20040522-20040522~

MEDI-CAL NOTE:

For non-compound pharmacy, long term care, outpatient, medical and vision claims, this is the service (line) level date of service.

<u>Ref</u> DTP01	<u>ld</u> 374	Element Name Date/Time Qualifier Description: Code specifying type of date or time, or both date and time. Industry: Date Time Qualifier Code Name	Req M	Type ID	<u>Min/Max</u> 3/3	<u>Usage</u> Required	Rep 1
DTP02	1250	 Claim Statement Period Start Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. Code Name RD8 Range of Dates Expressed in Format Composition: A range of dates express 				Required	1 VV is
		the numerical expression of the century month within the year, and DD is the nu occurrence of CCYYMMDD is the begin If there is a single date of service, the second of the service of the	CC and umerical of the contract of the contrac	year YY, expressior e and the	MM is the nume n of the day with second occurre	rical expression of the in the year; the first nce is the ending da	ne
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times. Industry: Claim Service Period MEDI-CAL NOTE: Claim "from" and "through" dates of service in CCYYMMDD-CCYYMMDD format. For one-day services, the "through" date is the same as the "from" date.	M	AN	1/35	Required	1

Loop 2220D

Pos: 180 Repeat: >1 Optional Loop: 2220D Elements: N/A

The purpose of this segment is to supply payment and control information to a provider for a particular service.

MEDI-CAL NOTE:

For claim level inquiries on non-compound pharmacy, long term care, outpatient, medical and vision claims, Loop 2220D is returned because claim lines are processed as individual claim records.

Loop Summary:

<u>Pos</u>	<u>ld</u>	Segment Name	Req	Max Use	Repeat	<u>Usage</u>
180	SVC	Service Line Information	0	1		Situational
190	STC	Service Line Status Information	0	1		Situational
200	REF	Service Line Item Identification	С	1		Situational
210	DTP	Service Line Date	С	1		Situational

SVC Service Line Information

Pos: 180 Max: 1 Detail - Optional Loop: 2220D Elements: 5

User Option (Usage): Situational

The purpose of this segment is to supply payment and control information to a provider for a particular service.

Semantics:

- 1. SVC01 is the medical procedure upon which adjudication is based.
- 2. SVC02 is the submitted service charge.
- 3. SVC03 is the amount paid for this service.
- 4. SVC04 is the National Uniform Billing Committee Revenue Code.
- 5. SVC05 is the paid units of service.
- 6. SVC06 is the original submitted medical procedure.
- 7. SVC07 is the original submitted units of service.

Notes:

- 1. Use this segment to report information about a service line.
- 2. This segment is required by ASC X12 syntax if this loop is used, because it is the first segment in the Service Line Information Loop.

Example:

HCPCS:

SVC*HC>99214*75*100.34****1~

Revenue Code:

SVC*NU>71X*50.01*0****1~

NDC:

SVC*N4>00006484300*25.56*0****1~

Element Summary:

Ref	<u>ld</u>	Eleme	ent Name	Req	Type	Min/Max	<u>Usage</u>	Rep	
SVC01	C003	Comp	osite Medical Procedure Identifier	M	Comp		Required	1	
		Descr	iption: To identify a medical						
		proced	dure by its standardized codes and						
		applic	able modifiers						
	235	Produ	ıct/Service ID Qualifier	M	ID	2/2	Required	1	
		Descr	ription: Code identifying the						
			ource of the descriptive number used						
			duct/Service ID (234)						
			: Automatic						
		Contr	ol: Text						
			try: Product or Service ID Qualifier						
		<u>Code</u>	<u>Name</u>						
		HC	Health Care Financing Administration	Common	Procedura	al Coding Systen	n (HCPCS) Codes		
		Description: HCFA coding scheme to group procedure(s) performed on an outpatier							
			payment to hospital under Medicare; p	rimarily u	sed for an	nbulatory surgica	I and other diagnos	stic	
			departments.						
			Because CPT codes of the Americ			ation are also le	evel 1 HCPCS code	es, the	
			CPT codes are reported under the	code HC	•				
			CODE SOURCE:						
			130: Health Care Financing Admin				~ .		
		ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure							
						,			
			Description: The International Classif	ication of	Diseases,	, Clinical Modifica	ation, is designated		
			Description: The International Classif classification of morbidity and mortality	ication of informat	Diseases, ion for stat	, Clinical Modificatistical purposes	ation, is designated and for the indexing	g of	
			Description: The International Classif classification of morbidity and mortality hospital records by disease and opera	ication of informat	Diseases, ion for stat	, Clinical Modificatistical purposes	ation, is designated and for the indexing	g of	
			Description: The International Classification of morbidity and mortality hospital records by disease and opera CODE SOURCE:	ication of informat tions, for	Diseases, ion for stat data stora	Clinical Modificatistical purposes ge and retrieval;	ation, is designated and for the indexing this is a procedure	g of	
			Description: The International Classification of morbidity and mortality hospital records by disease and opera CODE SOURCE: 131: International Classification of	ication of informat tions, for	Diseases, ion for stat data stora	Clinical Modificatistical purposes ge and retrieval;	ation, is designated and for the indexing this is a procedure	g of	
		N4	Description: The International Classification of morbidity and mortality hospital records by disease and opera CODE SOURCE: 131: International Classification of National Drug Code in 5-4-2 Format	ication of informat tions, for Disease	Diseases, ion for stat data stora s Clinical	Clinical Modificatistical purposes ge and retrieval; Mod (ICD-9-CM	ation, is designated and for the indexing this is a procedure	g of	
		N4	Description: The International Classification of morbidity and mortality hospital records by disease and opera CODE SOURCE: 131: International Classification of National Drug Code in 5-4-2 Format Description: 5-digit manufacturer ID,	ication of informat tions, for Disease	Diseases, ion for stat data stora s Clinical	Clinical Modificatistical purposes ge and retrieval; Mod (ICD-9-CM	ation, is designated and for the indexing this is a procedure	g of	
		N4	Description: The International Classification of morbidity and mortality hospital records by disease and opera CODE SOURCE: 131: International Classification of National Drug Code in 5-4-2 Format Description: 5-digit manufacturer ID, CODE SOURCE:	ication of r informat tions, for Disease 4-digit pro	Diseases, ion for stat data stora s Clinical	Clinical Modificatistical purposes ge and retrieval; Mod (ICD-9-CM	ation, is designated and for the indexing this is a procedure	g of	
		N4	Description: The International Classification of morbidity and mortality hospital records by disease and opera CODE SOURCE: 131: International Classification of National Drug Code in 5-4-2 Format Description: 5-digit manufacturer ID,	ication of r informat tions, for Disease 4-digit pro	Diseases, ion for stat data stora s Clinical oduct ID, 2	Clinical Modificatistical purposes ge and retrieval; Mod (ICD-9-CM	ation, is designated and for the indexing this is a procedure	g of	

CODE SOURCE:

SVC02

	Ondo Name					
	Code Name	mittaa /NII	IDC) Cad			
234	132: National Uniform Billing Comproduct/Service ID	M	AN	1/48	Required	1
234	Description: Identifying number for a	IVI	AIN	1/40	Required	'
	product or service.					
	Industry: Service Identification Code					
	MEDI-CAL NOTE: If the value in SVC01-1					
	is "NU", then this is an NUBC Revenue					
	Code. If it is present here, then SVC04 is					
	not used.					
	Claims Adjudicated in the past week:					
	For inpatient, crossover and long term					
	care claims adjudicated in the past week,					
	the value returned is the diagnosis code.					
	All other claim types will have procedure codes.					
	coues.					
	Pending claims or claims adjudicated					
	more than one week ago will contain					
	procedure codes or revenue codes for all					
	claim types.					
	ExternalCodeList					
	Name: 130	0			0 1	
	Description: Health Care Financing Administ ExternalCodeList	tration Cor	nmon Prod	cedurai Coding	System	
	Name: 131					
	Description: International Classification of Di	seases Cl	inical Mod	(ICD-9-CM) P	rocedure	
	ExternalCodeList	000000	iriioar ivioa	(IOD O OM) I	10000010	
	Name: 132					
	Description: National Uniform Billing Commit	ttee (NUB	C) Codes			
	ExternalCodeList					
	Name: 134					
	Description: National Drug Code					
	ExternalCodeList					
	Name: 240					
1339	Description: National Drug Code by Format Procedure Modifier	С	AN	2/2	Situational	1
1000	Description: This identifies special	O	7114	212	Olluational	•
	circumstances related to the performance of					
	the service, as defined by trading partners.					
	MEDI-CAL NOTE: Returned if submitted					
4000	on the original claim service line.	0	A N I	0/0	0	
1339	Procedure Modifier	С	AN	2/2	Situational	1
	Description: This identifies special circumstances related to the performance of					
	the service, as defined by trading partners.					
	MEDI-CAL NOTE: Returned if submitted					
	on the original claim service line.					
1339	Procedure Modifier	С	AN	2/2	Situational	1
	Description: This identifies special					
	circumstances related to the performance of					
	the service, as defined by trading partners.					
	MEDI-CAL NOTE: Returned if submitted					
1339	on the original claim service line. Procedure Modifier	С	AN	2/2	Situational	1
1333	Description: This identifies special	C	AN	212	Situational	· ·
	circumstances related to the performance of					
	the service, as defined by trading partners.					
	MEDI-CAL NOTE: Returned if submitted					
	on the original claim service line.					
782	Monetary Amount	М	R	1/18	Required	1
	Description: Monetary amount					
	Industry: Line Item Charge Amount					
	MEDI-CAL NOTE: This amount is the					

		VOI 11	•								
<u>Ref</u>	<u>ld</u>	Element Name original submitted charge for the claim line. For compound pharmacy, inpatient and crossover claims, this is the total billed for the claim.	Req	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>				
SVC03	782	Monetary Amount Description: Monetary amount Industry: Line Item Provider Payment Amount	М	R	1/18	Required	1				
		MEDI-CAL NOTE: This amount is the amount paid for the claim line. If the adjudication process is not complete, this is zero-filled. For compound pharmacy, inpatient and crossover claims, this is the total amount paid for the claim.									
SVC04	234	Product/Service ID Description: Identifying number for a product or service. Industry: Revenue Code	С	AN	1/48	Situational	1				
		MEDI-CAL NOTE: This is the NUBC Revenue Code. When SVC01-1 equals "NU" the NUBC Revenue Code is returned in SVC01-2. ExternalCodeList									
		Name: 132 Description: National Uniform Billing Committee (NUBC) Codes									
SVC07	380	Quantity Description: Numeric value of quantity. Industry: Original Units of Service Count MEDI-CAL NOTE: This quantity is the submitted units of service.	С	R	1/15	Situational	1				
		For pharmacy claims, the quantity is seven digits plus 3 decimal places (9999999.999).									
		For long term care claims, the number of accommodation days is returned.									

STC Service Line Status Information

Pos: 190 Max: 1 Detail - Optional Loop: 2220D Elements: 6

User Option (Usage): Situational

The purpose of this segment is to report the status, required action and paid information of a claim or service line.

Semantics:

- 1. STC02 is the effective date of the status information.
- 2. STC04 is the amount of original submitted charges.
- 3. STC05 is the amount paid.
- 4. STC06 is the paid date.
- 5. STC08 is the check issue date.
- 6. STC12 allows additional free-form status information.

Notes:

- 1. Use this segment if the subscriber is the patient.
- 2. This segment is used when an information source system has the capability to provide line item information.

Example:

STC*A3>110*19960501***65~ or STC*FI>65*19960501*******A3>400~

Ref	<u>ld</u>	Elem	ent Name	Req	Type	Min/Max	Usage	Rep
STC01	C043		h Care Claim Status	M	Comp		Required	1
		Desc	ription: Used to convey status of the					
	1071		claim or a specific service line.			1.100		
	1271		stry Code	M	AN	1/30	Required	1
		pesc	ription: Code indicating a code from a fic industry code list.					
			stry: Health Care Claim Status					
			gory Code					
			-CAL NOTE: This is the Category					
			. Use code source 507.					
		Exter	nalCodeList					
		Name						
	1071		ription: Health Care Claim Status Categ					
	1271		stry Code	М	AN	1/30	Required	1
			ription: Code indicating a code from a					
			fic industry code list. stry: Health Care Claim Status Code					
			-CAL NOTE: This is the Status					
			Use code source 508.					
		Exter	nalCodeList					
		Name	2: 508					
			ription: Health Care Claim Status Code					
	98		/ Identifier Code	0	ID	2/3	Situational	1
			ription: Code identifying an					
			izational entity, a physical location, rty or an individual.					
			-CAL NOTE: STC01-3 further					
		modi	fies the value in STC01-2. This					
			ent is not always returned by					
		Medi-						
			Name					
		13 17	Contracted Service Provider Consultant's Office					
		1E	Health Maintenance Organization (HM	O)				
		1G	Oncology Center	,				
		1H	Kidney Dialysis Unit					
		1I 10	Preferred Provider Organization (PPO))				
		10 1P	Acute Care Hospital Provider					
		1Q	Military Facility					
			, ,					

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CA MEDI-CAL Ver 1.1 Code Name University, College or School 1R **Outpatient Surgicenter** 1S Physician, Clinic or Group Practice 1T Long Term Care Facility 1U **Extended Care Facility** 1V

1W Psychiatric Health Facility

1Z

- 1X Laboratory
- Retail Pharmacy 1Y
- Home Health Care 28 Subcontractor
- 2A Federal, State, County or City Facility
- 2B Third-Party Administrator
- Non-Health Care Miscellaneous Facility 2E
- **Church Operated Facility** 21
- 2K Partnership
- 2P Public Health Service Facility
- 2Q Veterans Administration Facility
- 2S Public Health Service Indian Service Facility
- 2Z Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
- 30 Service Supplier
- 36 **Employer**
- ЗА Hospital Unit Within an Institution for the Mentally Retarded
- 3C Tuberculosis and Other Respiratory Diseases Facility
- 3D Obstetrics and Gynecology Facility
- Eye, Ear, Nose and Throat Facility 3E
- Rehabilitation Facility 3F
- Orthopedic Facility 3G
- 3H Chronic Disease Facility
- Other Specialty Facility 31
- Children's General Facility 3J
- Children's Hospital Unit of an Institution 3K
- Children's Psychiatric Facility 3L
- ЗМ Children's Tuberculosis and Other Respiratory Diseases Facility
- 3N Children's Eye, Ear, Nose and Throat Facility
- 30 Children's Rehabilitation Facility
- 3P Children's Orthopedic Facility
- 3Q Children's Chronic Disease Facility
- Children's Other Specialty Facility 3R
- 3S Institution for Mental Retardation
- 3T Alcoholism and Other Chemical Dependency Facility
- 3U General Inpatient Care for AIDS/ARC Facility
- 3V AIDS/ARC Unit
- 3W Specialized Outpatient Program for AIDS/ARC
- 3X Alcohol/Drug Abuse or Dependency Inpatient Unit
- 3Y Alcohol/Drug Abuse or Dependency Outpatient Services
- 3Z **Arthritis Treatment Center**
- 40 Receiver

Description: Entity to accept transmission.

- 43 Claimant Authorized Representative
- 44 Data Processing Service Bureau
- 4A Birthing Room/LDRP Room
- 4B **Burn Care Unit**
- 4C Cardiac Catherization Laboratory
- 4D **Open-Heart Surgery Facility**
- 4E Cardiac Intensive Care Unit
- 4F Angioplasty Facility
- Chronic Obstructive Pulmonary Disease Service Facility 4G
- 4H **Emergency Department**
- Trauma Center (Certified) 41
- Extracorporeal Shock-Wave Lithotripter (ESWL) Unit 4J
- Genetic Counseling/Screening Services 4L
- Adult Day Care Program Facility 4M
- 4N Alzheimer's Diagnostic/Assessment Services
- 40 Comprehensive Geriatric Assessment Facility
- 4P Emergency Response (Geriatric) Unit
- 4Q Geriatric Acute Care Unit
- 4R Geriatric Clinics

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Ver 1.1

Code Name

- 4S Respite Care Facility
- Patient Education Unit 4U
- 4V Community Health Promotion Facility
- 4W Worksite Health Promotion Facility
- Hemodialysis Facility 4X
- 4Y Home Health Services
- 4Z Hospice
- 5A Medical Surgical or Other Intensive Care Unit
- 5B Hisopathology Laboratory
- 5C **Blood Bank**
- 5D Neonatal Intensive Care Unit
- 5E Obstetrics Unit
- Occupational Health Services 5F
- **Organized Outpatient Services** 5G
- Pediatric Acute Inpatient Unit 5H
- Psychiatric Child/Adolescent Services 51 Psychiatric Consultation-Liaison Services 5J
- 5K Psychiatric Education Services
- Psychiatric Emergency Services 5L
- 5M Psychiatric Geriatric Services
- 5N Psychiatric Inpatient Unit
- 50 **Psychiatric Outpatient Services**
- 5P Psychiatric Partial Hospitalization Program
- 5Q Megavoltage Radiation Therapy Unit
- 5R Radioactive Implants Unit
- 5S Therapeutic Radioisotope Facility
- X-Ray Radiation Therapy Unit 5T
- 5U CT Scanner Unit
- 5V Diagnostic Radioisotope Facility
- 5W Magnetic Resonance Imaging (MRI) Facility
- 5X **Ultrasound Unit**
- 5Y Rehabilitation Inpatient Unit
- Rehabilitation Outpatient Services 5Z
- Performed At 61

Description: The facility where work was performed.

- Reproductive Health Services 6A
- Skilled Nursing or Other Long-Term Care Unit 6B
- 6C Single Photon Emission Computerized Tomography (SPECT) Unit
- 6D Organized Social Work Service Facility
- **Outpatient Social Work Services** 6E
- 6F **Emergency Department Social Work Services**
- Sports Medicine Clinic/Services 6G
- 6H Hospital Auxiliary Unit
- Patient Representative Services 61
- Volunteer Services Department 6J
- 6K **Outpatient Surgery Services**
- Organ/Tissue Transplant Unit 6L
- 6M Orthopedic Surgery Facility
- 6N Occupational Therapy Services
- 60 **Physical Therapy Services**
- 6P Recreational Therapy Services
- 6Q Respiratory Therapy Services
- 6R Speech Therapy Services
- 6S Women's Health Center/Services
- 6U Cardiac Rehabilitation Program Facility
- 6V Non-Invasive Cardiac Assessment Services
- 6W **Emergency Medical Technician**
- 6X **Disciplinary Contact**
- 6Y Case Manager
- Attending Physician 71
 - **Description:** Physician present when medical services are performed.
- 72 Operating Physician
 - **Description:** Doctor who performs a surgical procedure.
- 73 Other Physician
 - Description: Physician not one of the other specified choices.
- 74 Corrected Insured
- 77 Service Location

277 Claim Status Response 03162005 ecs

	277 Claim Status Response_03162005.ecs
	Ver 1.1
	Name
7C	Place of Occurrence
80	Hospital Pagarintian An institution whose the illuminimal grave as also treatment
00	Description: An institution where the ill or injured may receive medical treatment.
82 84	Rendering Provider Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ E1	Supervising Physician Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI GK	Paramedic Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
	Description: Facility recognized by the Health Care Financing Administration as existing in an area
	of the country lacking in health care establishments and services.
HH	Home Health Agency
13	Independent Physicians Association (IPA)
IJ	Injection Point
IL.	Insured or Subscriber
IN	Insurer
LI	Independent Lab
	Description: Outside laboratory that provides test results for entity providing medical services.
LR MR	Legal Representative Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
071	Description: Building in which oxygen treatment is provided for medical disorder.
P0	Patient Facility
	Description: Facility where a patient resides.
P2	Primary Insured or Subscriber
	Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with
	the employer or the insurer.
P3	Primary Care Provider
	Description: Physician that is selected by the insured to provide medical care.
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT PV	Party to Receive Test Report
PV PW	Party performing certification Pick Up Address
QA	Pharmacy Pharmacy
×Λ	Description: Establishment responsible for preparing and dispensing drugs and medicines.
QB	Purchase Service Provider
	Pascription: Entity from which medical supplies may be bought

Description: Individual receiving medical care.

QC

Description: Entity from which medical supplies may be bought.

		Ver 1.1	
		Code Name	
		QD Responsible Party	
		Description: Person responsible for the affairs of the person having services rendered.	
		QE Policyholder	
		QH Physician	
		QK Managed Care	
		QL Chiropractor	
		QN Dentist	
		QO Doctor of Osteopathy	
		QS Podiatrist	
		QV Group Practice	
		QY Medical Doctor	
		Description: An individual trained and licensed to practice as a Medical Doctor (MD)	
		RC Receiving Location	
		RW Rural Health Clinic	
		Skilled Nursing Facility	
		SJ Service Provider	
		Description: Identifies name and address information as pertaining to a service provider for which	h
		billing is being rendered.	
		SU Supplier/Manufacturer	
		74 Transfer Point	
		Description: A geographic location where a shipment is transferred or diverted to a new destination to the identify the geographic location where a position tip transferred or diverted	ion.
		Used to identify the geographic location where a patient is transferred or diverted.	
		TQ Third Party Reviewing Organization (TPO) TT Transfer To	
		TU Third Party Repricing Organization (TPO)	
		JH Nursing Home	
		(3 Utilization Management Organization	
		K4 Spouse	
		K5 Durable Medical Equipment Supplier	
		ZZ Mutually Defined	
STC02	373	Date M DT 8/8 Required	1
		Description: Date expressed as	
		CCYYMMDD.	
		ndustry: Status Information Effective	
		Date	
STC04	782	Monetary Amount C R 1/18 Situational	1
		Description: Monetary amount.	
		ndustry: Line Item Charge Amount	
		MEDI-CAL NOTE: This is the submitted	
		ine charge amount.	
STC05	782	Monetary Amount C R 1/18 Situational	1
		Description: Monetary amount.	
		ndustry: Line Item Provider Payment	
		Amount	
		MEDI-CAL NOTE: Use this element for	
		he line item paid amount.	
STC10	C043	Health Care Claim Status C Comp Situational	1
		Description: Used to convey status of the	
		entire claim or a specific service line.	
		MEDI-CAL NOTE: Use this element if a	
		second claim status is needed.	
	1271	ndustry Code M AN 1/30 Required	1
		Description: Code indicating a code from a	
		specific industry code list.	
		ndustry: Health Care Claim Status	
		Category Code	
		MEDI-CAL NOTE: This is the Category	
		code. Use code source 507.	
		Required if STC10 is used.	
		ExternalCodeList	
		Name: 507	
		Description: Health Care Claim Status Category Code	
	1271	ndustry Code M AN 1/30 Required	1
		Description: Code indicating a code from a	
		specific industry code list.	
		60	

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			277 Claim Status Respo Ver 1.		2005.ecs					
Ref	<u>ld</u>	Eleme	ent Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>	Rep		
_	_		try: Health Care Claim Status Code	_						
		MEDI-	-CAL NOTE: This is the Status							
		code.	Use code source 508.							
		Requi	ired if STC10 is used.							
		Exteri	nalCodeList							
		Name	: 508							
			ription: Health Care Claim Status Code							
	98	-	Identifier Code	0	ID	2/3	Situational	1		
			ription: Code identifying an							
			izational entity, a physical location,							
			-CAL NOTE: STC10-3 further	r an individual. NOTE: STC10-3 further						
			ies the status code in STC10-2. See							
			value list in STC01-3. This element							
		is not	always returned by Medi-Cal.							
		<u>Code</u>	<u>Name</u>							
		13	Contracted Service Provider							
		17	Consultant's Office	40)						
		1E	Health Maintenance Organization (HN	/IO)						
		1G 1H	Oncology Center Kidney Dialysis Unit							
		11	Preferred Provider Organization (PPC))						
		10	Acute Care Hospital	,						
		1P	Provider							
		1Q	Military Facility							
		1R	University, College or School							
		1S 1T	Outpatient Surgicenter Physician, Clinic or Group Practice							
		1U	Long Term Care Facility							
		1V	Extended Care Facility							
		1W	Psychiatric Health Facility							
		1X	Laboratory							
		1Y	Retail Pharmacy							
		1Z	Home Health Care							
		28 2A	Subcontractor Federal, State, County or City Facility							
		2B	Third-Party Administrator							
		2E	Non-Health Care Miscellaneous Facili	ity						
		21	Church Operated Facility							
		2K	Partnership							
		2P 2Q	Public Health Service Facility							
		2Q 2S	Veterans Administration Facility Public Health Service Indian Service I	Facility						
		2Z	Hospital Unit of an Institution (prison h		olleae infir	marv. etc.)				
		30	Service Supplier	' '	J	,				
		36	Employer							
		3A	Hospital Unit Within an Institution for t			ed				
		3C 3D	Tuberculosis and Other Respiratory D	useases F	-acility					
		3E	Obstetrics and Gynecology Facility Eye, Ear, Nose and Throat Facility							
		3F	Rehabilitation Facility							
		3G	Orthopedic Facility							
		3H	Chronic Disease Facility							
		3I	Other Specialty Facility							
		3J 3K	Children's General Facility Children's Hospital Unit of an Institution	nn.						
		3K 3L	Children's Hospital Unit of an Institution Children's Psychiatric Facility	лі						
		3M	Children's Tuberculosis and Other Re	spiratorv	Diseases F	acility				
		3N	Children's Eye, Ear, Nose and Throat			•				
		30	Children's Rehabilitation Facility	•						
		3P	Children's Orthopedic Facility							
		3Q	Children's Chronic Disease Facility							
		3R 3S	Children's Other Specialty Facility							
		35 3T	Institution for Mental Retardation Alcoholism and Other Chemical Depe	ndency F	acility					
		3U	General Inpatient Care for AIDS/ARC	-	Comity					
			1	,						

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	Ver 1.1
Code	<u>Name</u>
3V	AIDS/ARC Unit
-	
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Description: Entity to accept transmission.
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	
4F 4G	Angioplasty Facility Chronic Obstructive Bulmonery Disease Service Facility
	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department Trauma Contact (Contilinal)
41	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
40	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	
5M	Psychiatric Emergency Services Psychiatric Geriatric Services
	•
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
	Description: The facility where work was performed.
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
	5 , 1

	CA MEDI-CAL 277 Claim Status Response_03162005.ecs
Codo	Ver 1.1
6G	Name Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M 6N	Orthopedic Surgery Facility
60	Occupational Therapy Services Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U 6V	Cardiac Rehabilitation Program Facility Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Description: Physician present when medical services are performed.
72	Operating Physician
73	Description: Doctor who performs a surgical procedure. Other Physician
13	Description: Physician not one of the other specified choices.
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital Provide the state of t
82	Description: An institution where the ill or injured may receive medical treatment. Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK CZ	Pharmacist Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN DO	Referring Provider Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA FD	Facility Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD GI	Guardian Paramedic
GJ	Paramedical Company
00	Description: A company that performs physical examination services.
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility Pescription: Facility recognized by the Health Care Financing Administration as existing in an area.
	Description: Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services.
НН	Home Health Agency
13	Independent Physicians Association (IPA)
IJ	Injection Point

Injection Point IL Insured or Subscriber

		277 Claim Status Response_03162005.ecs Ver 1.1
	Code	
	IN	Name Insurer
	LI	Independent Lab
		Description: Outside laboratory that provides test results for entity providing medical services.
	LR	Legal Representative
	MR	Medical Insurance Carrier
	OB	Ordered By
	OD	Doctor of Optometry
	OX	Oxygen Therapy Facility
	P0	Description: Building in which oxygen treatment is provided for medical disorder. Patient Facility
	FU	Description: Facility where a patient resides.
	P2	Primary Insured or Subscriber
	. –	Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with
		the employer or the insurer.
	P3	Primary Care Provider
		Description: Physician that is selected by the insured to provide medical care.
	P4	Prior Insurance Carrier
	P6	Third Party Reviewing Preferred Provider Organization (PPO)
	P7	Third Party Repricing Preferred Provider Organization (PPO)
	PT PV	Party to Receive Test Report Party performing certification
	PW	Pick Up Address
	QA	Pharmacy
	Φ, ι	Description: Establishment responsible for preparing and dispensing drugs and medicines.
	QB	Purchase Service Provider
		Description: Entity from which medical supplies may be bought.
	QC	Patient
		Description: Individual receiving medical care.
	QD	Responsible Party
	05	Description: Person responsible for the affairs of the person having services rendered.
	QE QH	Policyholder Physician
	QK	Managed Care
	QL	Chiropractor
	QN	Dentist
	QO	Doctor of Osteopathy
	QS	Podiatrist
	QV	Group Practice
	QY	Medical Doctor
	RC	Description: An individual trained and licensed to practice as a Medical Doctor (MD). Receiving Location
	RW	Rural Health Clinic
	S4	Skilled Nursing Facility
	SJ	Service Provider
		Description: Identifies name and address information as pertaining to a service provider for which
		billing is being rendered.
	SU	Supplier/Manufacturer
	T4	Transfer Point
		Description: A geographic location where a shipment is transferred or diverted to a new destination.
	TO	Used to identify the geographic location where a patient is transferred or diverted.
	TQ TT	Third Party Reviewing Organization (TPO) Transfer To
	ŤÜ	Third Party Repricing Organization (TPO)
	UH	Nursing Home
	Х3	Utilization Management Organization
	X4	Spouse
	X5	Durable Medical Equipment Supplier
	ZZ	Mutually Defined
C043		Care Claim Status C Comp Situational 1
		iption: Used to convey status of the
		claim or a specific service line.
		CAL NOTE: Use this element if a
1271		claim status is needed. try Code M AN 1/30 Required 1
1411		iption: Code indicating a code from a
		c industry code list.
	200011	and the state of t

STC11

			Ver 1.	1				
Ref	<u>ld</u>	Eleme	nt Name	Req	<u>Type</u>	Min/Max	Usage	Rep
	_	Indust	ry: Health Care Claim Status	_				
		Catego	ory Code					
		MEDI-	CAL NOTE: Required if STC11 is					
		used.	•					
		This is	the Category Code. Use code					
		source						
		Extern	alCodeList					
		Name:	507					
			ption: Health Care Claim Status Cate	gory Code				
	1271		ry Code	M	AN	1/30	Required	1
			ption: Code indicating a code from a					
			c industry code list.					
			ry: Health Care Claim Status Code					
			CAL NOTE: Required if STC11 is					
		used.	. the Oteters Order Her and a comme					
		508.	s the Status Code. Use code source					
			alCodol ist					
		Name:	nalCodeList					
			່ວບວ i ption: Health Care Claim Status Code					
	98		Identifier Code	, C	ID	2/3	Situational	1
	00		iption: Code identifying an		10	213	Gituational	1
			zational entity, a physical location,					
			ty or an individual.					
		MEDI-	CAL NOTE: STC11-3 further					
		modifi	es the status code in STC11-2. See					
			value list in STC01-3. This element					
			always returned by Medi-Cal.					
			Name					
		13	Contracted Service Provider					
		17 1E	Consultant's Office Health Maintenance Organization (HM	10)				
		1G	Oncology Center	10)				
		1H	Kidney Dialysis Unit					
		11	Preferred Provider Organization (PPO))				
		10	Acute Care Hospital					
		1P	Provider					
		1Q	Military Facility					
		1R 1S	University, College or School Outpatient Surgicenter					
		1T	Physician, Clinic or Group Practice					
		1U	Long Term Care Facility					
		1V	Extended Care Facility					
		1W	Psychiatric Health Facility					
		1X	Laboratory					
		1Y	Retail Pharmacy					
		1Z 28	Home Health Care Subcontractor					
		28 2A	Federal, State, County or City Facility					
		2B	Third-Party Administrator					
		2E	Non-Health Care Miscellaneous Facili	ty				
		21	Church Operated Facility	•				
		2K	Partnership					
		2P	Public Health Service Facility					
		2Q	Veterans Administration Facility	Engility.				
		2S 2Z	Public Health Service Indian Service F Hospital Unit of an Institution (prison h		llege infin	mary etc)		
		30	Service Supplier	ioopitai, to	nogo mim	ary, 0.0. <i>j</i>		
		36	Employer					
		3A	Hospital Unit Within an Institution for t	he Mentall	y Retarde	ed		
		3C	Tuberculosis and Other Respiratory D					
		3D	Obstetrics and Gynecology Facility					
		3E	Eye, Ear, Nose and Throat Facility					
		3F	Rehabilitation Facility					
		3G	Orthopedic Facility					

	ver 1.1
Code	<u>Name</u>
3H	Chronic Disease Facility
31	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
30	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Onlit Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Description: Entity to accept transmission.
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
41	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
40	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	
	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
50	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
	•

	V C: 1.1
	<u>Name</u>
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
01	
	Description: The facility where work was performed.
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
61	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
60	Physical Therapy Services
6P	
6Q	Recreational Therapy Services
	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Description: Physician present when medical services are performed.
72	Operating Physician
	Description: Doctor who performs a surgical procedure.
73	Other Physician
	Description: Physician not one of the other specified choices.
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
00	
00	Description: An institution where the ill or injured may receive medical treatment. Rendering Provider
82	
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
35	

	Ver 1.1
Code	<u>Name</u>
GD GD	Guardian
GI	Paramedic
GJ	Paramedical Company
	Description: A company that performs physical examination services.
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
	Description: Facility recognized by the Health Care Financing Administration as existing in an area
НН	of the country lacking in health care establishments and services Home Health Agency
пп 13	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
	Description: Outside laboratory that provides test results for entity providing medical services.
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
Do	Description: Building in which oxygen treatment is provided for medical disorder.
P0	Patient Facility
P2	Description: Facility where patient resides Primary Insured or Subscriber
ГZ	Description: A primary insured or subscriber is a person who elects the benefits and is affiliated with
	the employer or the insurer.
P3	Primary Care Provider
. •	Description: Physician that is selected by the insured to provide medical care.
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy Description: Establishment responsible for preparing and dispensing drugs and medicines.
QB	Purchase Service Provider
QD	Description: Entity from which medical supplies may be bought.
QC	Patient
40	Description: Individual receiving medical care.
QD	Responsible Party
	Description: Person responsible for the affairs of the person having services rendered.
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS QV	Podiatrist Group Practice
QY	Medical Doctor
Q I	Description: An individual trained and licensed to practice as a Medical Doctor (MD).
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
	Description: Identifies name and address information as pertaining to a service provider for which
	billing is being rendered.
SU	Supplier/Manufacturer
T4	Transfer Point
	Description: A geographic location where a shipment is transferred or diverted to a new destination.
TQ	Used to identify the geographic location where a patient is transferred or diverted. Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
. =	68
	**

<u>Code</u>	<u>Name</u>
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

REF Service Line Item Identification

Pos: 200 Max: 1 Detail - Conditional Loop: 2220D Elements: 2

User Option (Usage): Situational

The purpose of this segment is to specify identifying information.

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1.

Notes:

1. Required when available from the original claim. When the Information Receiver is the Provider, this is required when the provider on the original claim assigned the number.

Example:

REF*FJ*96042201~

MEDI-CAL NOTE:

The line item control number is only available for claims adjudicated in the past week.

Ref REF01	<u>ld</u> 128	Element Name Reference Identification Qualifier Description: Code qualifying the Reference Identification. Code Name FJ Line Item Control Number Description: A unique number assigne	Req M	Type ID h charge li	Min/Max 2/3 ne used for trac	<u>Usage</u> Required king purposes	<u>Rep</u> 1
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Industry: Line Item Control Number	M	AN	1/30	Required	1

DTP Service Line Date

Pos: 210 Max: 1 Detail - Conditional Loop: 2220D Elements: 3

User Option (Usage): Situational

The purpose of this segment is to specify any or all of a date, a time or a time period.

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- 1. This is the date of service from the original submitted claim for a specific line item.
- 2. Whenever the 2220D loop is used this segment must be present, unless reported in the claim level, Loop 2200D (Claim Service Dates).

Example:

DTP*472*RD8*20040401-20040402~

MEDI-CAL NOTE:

For inpatient and crossover claims, this will be the claim service date range.

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>	Rep
DTP01	374	Date/Time Qualifier	М	ID	3/3	Required	1
		Description: Code specifying type of date					
		or time, or both date and time.					
		Industry: Date Time Qualifier					
		Code Name					
		472 Service					
DTP02	1250	Date Time Period Format Qualifier	М	ID	2/3	Required	1
		Description: Code indicating the date					
		format, time format, or date and time format.					
		Code Name	201044	IDD 00\0			
		RD8 Range of Dates Expressed in Format (0.44455	
		Description: A range of dates express					
		the numerical expression of the centur month within the year, and DD is the n					
		occurrence of CCYYMMDD is the begin					te
		For a single date of service, the be				ioc is the chaing da	
		. o. a cg.c aa.c c. cc. ticc, a.c ac	g	oqualo			
DTP03	1251	Date Time Period	М	AN	1/35	Required	1
		Description: Expression of a date, a time,				•	
		or range of dates, times or dates and times.					
		Industry: Service Line Date					
		MEDI-CAL NOTE: For inpatient and					
		crossovers the claim date of service is					
		returned.					

SE Transaction Set Trailer

Pos: 270 Max: 1 Detail - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

The purpose of this segment is to indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).

Comments:

1. SE is the last segment of each transaction set.

Example:

SE*34*0001~

Ref	<u>ld</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>	Rep
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments.	M	N0	1/10	Required	1
		Industry: Transaction Segment Count					
SE02	329	Transaction Set Control Number	M	AN	4/9	Required	1
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. MEDI-CAL NOTE: Data value in SE02 must be identical to ST02.					

GE Functional Group Trailer

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

The purpose of this segment is to indicate the end of a functional group and to provide control information.

Example: GE*1*1013~

Element Name Number of Transaction Sets Included	Req M	<u>Type</u> N0	Min/Max 1/6	<u>Usage</u> Required	<u>Rep</u> 1
Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.					
Group Control Number Description: Assigned number originated and maintained by the sender. This control number must be identical to the same data element in the associated functional group	M	N0	1/9	Required	1
	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. Group Control Number Description: Assigned number originated and maintained by the sender. This control number must be identical to the same data	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. Group Control Number Description: Assigned number originated and maintained by the sender. This control number must be identical to the same data element in the associated functional group	Number of Transaction Sets Included M N0 Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. Group Control Number M N0 Description: Assigned number originated and maintained by the sender. This control number must be identical to the same data element in the associated functional group	Number of Transaction Sets Included M N0 1/6 Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. Group Control Number M N0 1/9 Description: Assigned number originated and maintained by the sender. This control number must be identical to the same data element in the associated functional group	Number of Transaction Sets Included M N0 1/6 Required Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. Group Control Number M N0 1/9 Required Description: Assigned number originated and maintained by the sender. This control number must be identical to the same data element in the associated functional group

IEA Interchange Control Trailer

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

The purpose of this segment is to define the end of an interchange of zero or more functional groups and interchange-related control segments.

Example:

IEA*1*00000001~

<u>Ref</u>	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>	<u>Rep</u>
IEA01	I16	Number of Included Functional Groups	M	N0	1/5	Required	1
		Description: A count of the number of					
		functional groups included in an					
		interchange.					
IEA02	l12	Interchange Control Number	M	N0	9/9	Required	1
		Description: A control number assigned by					
		the interchange sender. This data value					
		must be identical with ISA13.					
		MEDI-CAL NOTE: A nine-digit number,					
		right justified and zero filled.					

Appendix

All Included Elements in All Included Segments

<u>ld</u>	<u>Elements</u>	Used in Segments
C003	Composite Medical Procedure Identifier	SVC
C043	Health Care Claim Status	STC
I01	Authorization Information Qualifier	IEA, ISA, TA1
28	Group Control Number	GE, GS
66	Identification Code Qualifier	NM1
67	Identification Code	NM1
96	Number of Included Segments	SE
97	Number of Transaction Sets Included	GE
98	Entity Identifier Code	NM1, STC
124	Application Receiver's Code	GS [′]
127	Reference Identification	BHT, REF, TRN
128	Reference Identification Qualifier	REF [']
142	Application Sender's Code	GS
143	Transaction Set Identifier Code	ST
234	Product/Service ID	SVC
235	Product/Service ID Qualifier	SVC
329	Transaction Set Control Number	SE, ST
337	Time	GS
353	Transaction Set Purpose Code	BHT
373	Date	BHT, GS, STC
374	Date/Time Qualifier	DTP
380	Quantity	SVC
429	Check Number	STC
455	Responsible Agency Code	GS
479	Functional Identifier Code	GS
480	Version / Release / Industry Identifier Code	GS
481	Trace Type Code	TRN
591	Payment Method Code	STC
628	Hierarchical ID Number	HL
640	Transaction Type Code	BHT
734	Hierarchical Parent ID Number	HL
735	Hierarchical Level Code	HL
736	Hierarchical Child Code	HL
782	Monetary Amount	STC, SVC
1005	Hierarchical Structure Code	BHT
1035	Name Last or Organization Name	NM1
1036	Name First	NM1
1037	Name Middle	NM1
1038	Name Prefix	NM1
1039	Name Suffix	NM1
1065	Entity Type Qualifier	NM1
1068	Gender Code	DMG
1250	Date Time Period Format Qualifier	DMG, DTP
1251	Date Time Period	DMG, DTP
1271	Industry Code	STC
1339	Procedure Modifier	SVC